



Interview Consent Statement

Participant's Name

Interview Date

Project/Research Title

Description of the Project

- I confirm that my participation in this research project is voluntary.
- I understand that I will not receive any payments for participating in this research interview.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.
- I understand that I have the right to decline to answer any question or I can stop the interview at any time.
- I confirm that the research interview will last approximately 20-30 minutes.
- I understand that all information I provide for this study will be treated confidentially. I understand that the researcher will not identify me by name in any reports using information obtained from this interview and that my confidentiality as a participant in this study will remain secure.
- I have read and understood the explanation provided to me.
- I have been given a copy of this consent form.
- I can request a copy of the transcript or other data collected during the research interview and may make edits I feel necessary to ensure the effectiveness of any agreement made about confidentiality.
- I agree that the researchers may publish documents that contain quotations by me.

By signing this form, I agree to the terms indicated above.

Participant's Signature

Researcher's Signature

Date Signed

Date Signed

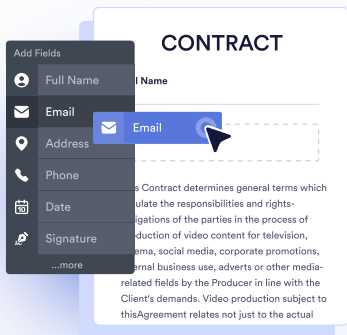


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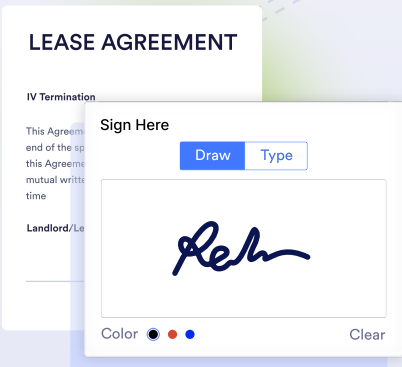
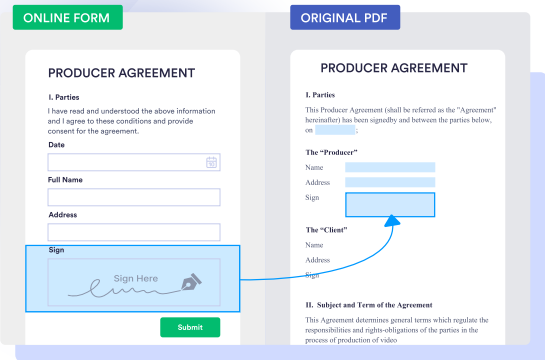
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