Consent form

Project: **Here to Stay: people with learning disabilities from new migrant communities**

PLEASE TICK

1. I understand information in *the Participant Information Sheet*. **YES** ☐ **NO** ☐
2. I asked the questions I wanted to ask. **YES** ☐ **NO** ☐
3. I understand that I don't have to answer the questions. **YES** ☐ **NO** ☐
4. I understand that I can leave the meeting at any time. **YES** ☐ **NO** ☐
5. I agree to participate in a discussion group. **YES** ☐ **NO** ☐
6. I agree for the information I give to be used in the study. **YES** ☐ **NO** ☐
7. I agree for our conversation to be recorded. The only people who will listen to the tape are Dr Olga Kozlowska and Professor David Sallah **YES** ☐ **NO** ☐
8. I would like to receive a summary of the study findings. **YES** ☐ **NO** ☐

If you would like to receive a summary of the study findings, please write your email or postal address below:

……..	……..	……..
Your name	**Date**	**Signature**
……..	……..	……..
Researcher	**Date**	**Signature**

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