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** ☐

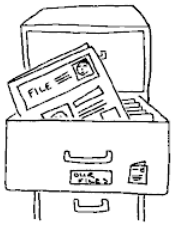
2. I asked the questions I wanted to ask. **YES** ☐ **NO** ☐

3. I understand that I don't have to answer the questions. **YES** ☐ **NO** ☐

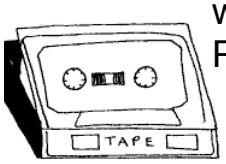
4. I understand that I can stop the interview at any time. **YES** ☐ **NO** ☐

5. I agree to talk to you. **YES** ☐ **NO** ☐

6. I agree for the information I give to be used in the study. **YES** ☐ **NO** ☐

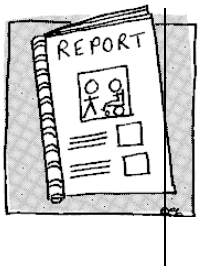


7. I agree for our meeting to be recorded. The only people who will listen to the tape are Dr Olga Kozlowska and Professor David Sallah. **YES** ☐ **NO** ☐



8. I would like to receive a transcript of the interview with me. **YES** ☐ **NO** ☐

9. I would like to receive a summary of the study findings. **YES** ☐ **NO** ☐



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

……	……	……
Your name	**Date**	**Signature**
……	……	……
Name of your consultee	**Date**	**Signature**
……	……	……
Researcher	**Date**	**Signature**

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