**School of Divinity, University of Edinburgh**

**Consent Form**

**for participation and personal data to be used for research**

**Thank you for agreeing to participate in the research project, the details of which are:**

|  |  |
| --- | --- |
| Research Project name: |  |
| Name of researcher: |  |
| Researcher’s Contact details: |  |
| Scope of the project: |  |
| Confidentiality and Anonymity*(The researcher will indicate how confidentiality and anonymity will be preserved)* |  |
| Handling of Data |  |

**Please complete the following:**

I consent to participating in this research project and understand that I may withdraw at any time. YES NO

I consent to my personal data, as outlined below, being held for use in the research project detailed above YES NO

*Researcher to specify personal data to be used for research*

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |