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| Promoting Education and Employment Resourcesfor People with Intellectual Disabilities in Ireland (PEER4ID Project)**Stepping Stones Vector Images (over 1,100)CONSENT FORM**Graduation Grad Cap Silhouette Instant Download includes Cricut, Cameo Silhouette SVG Cut File, JPEG Printable Image, PNG Transparent File image 1Vektor Stok Envelope Letter Sign Word Employment Contract (Tanpa Royalti)  2326327159 | Shutterstock |
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| To do |
| Reading  | 1. Please read the information below.
 |
| Contract  | 1. Sign this consent form if you wish to participate in the research.

To type onto this document * click the “T” (text) button at the top of the screen then
* click where you want to type.
 |
| Email  | 1. Email the signed consent form to Cait Murray murrac56@tcd.ie **before** April 15th 2024
 |

 |
| There are 2 sections in this form:Section 1 is about your understanding of the project. Section 2 is about your consent to take part in the project. If you agree with the following statements, put an x in the box: x |
| SECTION 1: Understanding |
| Study  | I have read or listened to the “Participant information leaflet” or watched the “Information video” about this study. |  |
| A person smiling for the camera  Description automatically generated with medium confidence | The research team explained to me what the PEER-4-ID research project is about via written format and the information video on the website. |  |
| Collaboration  | Any questions that I had were answered. |  |
| Email  murrac56cd.ie | I know who to contact if I have any more questions. |  |
| Choice  | I understand that participation is voluntary, and it is my choice to take part in this study. |  |
| Round table 166406984 |  I know that this project includes: 1. research methods:
* 1 hour interview
* 1 hour focus Group
 |   |
| Money  |  I understand that I will not be paid for taking part in this study. |   |
| Anonymous  | I understand that the data and results of the project will be anonymous (I will not be identified). |   |
| Banned  | I know I can stop participating in this study when I want to. I do not have to give a reason. |   |
| Secure data  | I understand that all information I give during this study will be kept safe and private.  |   |
| GDPR  | I understand that my data will be protected by the General Data Protection Regulation (GDPR).  |   |

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| --- | --- | --- |
| A black background with a black square  Description automatically generated with medium confidence | I understand that my information will be kept for 1 year after the study. It will not be used for anything else without my consent. |  |
| Anonymous  | I know that I will not be named in any reports, publications, or research documents. |  |
| Conference 257214550 | I understand that the results of this study will be used for dissemination:1. Publications: reports articles or chapters
2. Events: exhibitions, conferences, seminars
 |   |

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| By * ticking each box above
* choosing my options below
* signing this document

 I agree to participate in the PEER4ID study as described in the Participant Information Leaflet. |
| SECTION 2: Consent |
| 1460861960 | I want to participate in the PEER4ID, having been fully informed of the benefits and disadvantages.  |  |

Type/sign your name in capital letters: \_\_\_\_\_\_

Please sign your name: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

***Statement of investigator's responsibility:*** I, the undersigned, have taken the time to fully explain to the above participant, the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them. *I have given a copy of the information leaflet and consent form to the participant with contacts of the study team.*

Principal Investigator: Dr Donatella Camedda, Assistant Professor in Education

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_