

## PARTICIPANT CONSENT FORM FOR ADULTS

TITLE OF RESEARCH STUDY: Validity and Reliability Testing of the SP3D Scale

Please answer the following questions by ticking the response that applies

		YES	NO
1.	I have read the Information Sheet (or it was read to me) for this study and have had details of the study explained to me.		
2.	My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.		
3.	I understand the possible risks and benefits of this study as described in the Information Sheet.		
4.	I understand that I am free to withdraw from the study without giving a reason for my withdrawal or to decline to answer any particular questions in the study without any consequences to my future treatment by the Data Collector.		
5.	I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet.		
6.	I understand that I will not have access to any information collected in this study, such as assessment results and raw data.		
7.	I consent to participate in the study under the conditions set out in the Information Sheet.		
8.	I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes, in accordance with Open Science principles and SHU's commitment to Open Research.		
Participant's Signature: Date:			
Par	ticipant's Name (Printed):		
Con	tact details:		
			-
Data	a Collector's Name (Printed):		-
Data	a Collector's Signature:		
	a Collector's contact details: me, address, contact number of Data Collector)		

Please keep your copy of the consent form and the information sheet together.