

Participant Consent Form

Project Title: Kinaesthetic Empathy in collaborative Theatre Making.

You are being invited to take part in a research project. Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the attached information sheet carefully and discuss it with others if you wish. Ask if anything is unclear or if you would like more information.

- I understand that I have given my consent to be asked about my thoughts on Kinesthetic Empathy and collaborative work in Theatre Making.
- I fully give my consent to take part.
- I understand that I have given approval for my opinions to be included in the research outputs. Anything I say may be used in academic papers relating to the project, although these quotations will be anonymous.
- I have read the information sheet about the research project, which I have been asked to take part in and have been given a copy of this information to keep.
- What is going to happen and why it is being done has been explained to me, and I have had the opportunity to discuss the details and ask questions.
- Having given this consent, I understand that I have the right to withdraw from the research programme at any time without disadvantage to myself and without having to give any reason.

Photographs might be taken of you to exemplify the research findings.
Please indicate stating Yes or No to the following statements.

1. I agree to have my photograph taken.
2. I understand that my verbal or written reflections will not be linked to the photograph(s).
3. I understand that my name will not be linked to the photograph(s).
4. I understand that I will not be given credit for my appearance in photograph(s).
5. I give the project team permission to:

- put my photograph(s) on websites (for example a blogpost)
- use my photograph(s) in presentations (e.g. at conferences or seminars)

- I hereby fully and freely consent to participation in the study, which has been fully explained to me.

Participant's name
(BLOCK CAPITALS): _____

Participant's signature: _____ *Date:* _____

Investigator's name
(BLOCK CAPITALS): _____

Investigator's signature: _____ *Date:* _____

Contact

Investigator: Catherine Busk

Email: c.busk@wimbedon.arts.ac.uk