

Consent form

Project Title: The Role of Chronological, Biological and Social Age in Speech Production

Name of Researcher: Seren Parkman

Email of Researcher: s.parkman@lancaster.ac.uk

Please tick each box where you agree

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time during my participation in this study and within 6 weeks after I took part in the study, without giving any reason. If I withdraw within 6 weeks of taking part in the study my data will be removed.	<input type="checkbox"/>
3. I understand that short extracts of my anonymised, recorded data may be used in presentations, and at conferences.	<input type="checkbox"/>
4. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher/s, but my personal information will not be included and all reasonable steps will be taken to protect the anonymity of the participants involved in this project.	<input type="checkbox"/>
5. I understand that my name will not appear in any reports, articles or presentations without my consent.	<input type="checkbox"/>
6. I understand that any recorded data will be analysed, and that data will be protected on encrypted devices and kept secure.	<input type="checkbox"/>
7. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study. It will be stored indefinitely and used for future research purposes.	<input type="checkbox"/>
8. I agree to take part in the above study.	<input type="checkbox"/>

Name of Participant

Date

Signature

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature of Researcher /person taking the consent_____

Date _____ Day/month/year

One copy of this form will be given to the participant and the original kept in the files of the researcher at
Lancaster University