

## Jukebox: emblem of youth in post-war Britain

### Oral history participation agreement

**Project Initiator:** Katie Waring

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I declare that I am willing to take part in Jukebox oral history project and I confirm (Please tick each box in the table below):

| Statement   |                          |
|---|--------------------------|
| 1. 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 take 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 I will be interviewed about my experiences of the Jukebox culture in seaside towns in northwest England. This interview will be recorded and transcribed for the purposes below.   | <input type="checkbox"/> |
| 4. <b>I do/do not</b> consent to have my name included in a list of participants within the outputs listed below.   | <input type="checkbox"/> |
| 5. I provisionally agree that my contribution may be used to inform a programme of engagement activities organised by Mirador Arts Ltd  | <input type="checkbox"/> |
| 6. I provisionally agree that my contribution may become part of the Jukebox Project archive collection managed by the Special Collections and Archives at the Lancaster University.  | <input type="checkbox"/> |
| 7. After the completion of the interview, I understand that I will have the opportunity to further amend how my contribution will be used in future.  | <input type="checkbox"/> |
| 8. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study.   | <input type="checkbox"/> |
| 9. <b>I would/would</b> not like to be invited to other events and activities associated with the project.  | <input type="checkbox"/> |
| 10. I agree to take part in the above study.  | <input type="checkbox"/> |

## Participant's details

Participant's name:

Participant's Signature:

Address:

Telephone number:

Email:

Date:

Preference for location of interview:

☐ Blackpool

☐ Lytham St Annes'

☐ Lancaster

☐ Morecambe

## Declaration of researcher/person taking the consent

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.

Name of Researcher/person taking the consent:

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.**