The Church of Ireland Theological Institute

Research Participant’s Information Sheet

Personal Introduction

 This needs to say who you are, the nature of the course and the way in which this particular

 research fits into the course. It should also indicate the estimated completion date and any other

 relevant introductory information. You should append a photocopy of your TCD card and your

 contact details.

Study Title

**Invitation Paragraph**

A brief overview of what you are asking the person to do.

**Confidentiality Statement**

All information provided shall be kept confidential. Save where there is a legal obligation to disclose information to a third party, or in the circumstances discussed below, the only people who may have access to the information provided are myself, my supervisor, CITI’s Academic Administrator and, if necessary, the external examiner. Collection of data, storage and processing of information shall comply with the requirements of both the University of Dublin’s and CITI’s compliance with the current data protection regulations (GDPR) see also [https:// www .tcd.ie/info \_co m pliance/ data-protection/ .](https://www.tcd.ie/info_compliance/data-protection/)

Information emanating from the research shall only be published in:

* an unattributable, anonymised format or as part of an aggregate assessment;
* with attribution.

You should be aware, however, that if you disclose information which may result in you or another person or persons being put at risk of harm, there may be an obligation on me to inform the appropriate authorities and to disclose the information provided.

**What Will Happen to the Results of the Research**

Unless published as part of the final dissertation (for which specific permission must be given on the consent form) all information gathered in the course of this research shall be stored for seven years in a locked closet in CITI and thereafter destroyed by shredding by CITI’s Academic Administrator. It shall be securely stored in either a written or electronic format. In the event of a full transcript of the interview or detailed quotation appearing in the final text, the participant may be assured that all personal names, and any other information that might easily make a person identifiable, will be removed to ensure anonymity and respect confidentiality in the case of anonymized attributions (see tick box above). The results of my analysis of all information gathered shall be included in my final MTh dissertation, a copy of which may be obtained in due course from the RCB Library, Braemor Park, Churchtown, Dublin, D14 N735.

###### Supervisor’s Name and Contact Details

###### Title

The Church of Ireland Theological Institute

[Insert Project Title and Researcher’s name here]

Research Participant Consent Form

I agree to participate in research towards the completion of the above named dissertation.

I have read the participant information sheet and had an opportunity to ask all relevant questions.

I understand that I am free to withdraw from the research/interview at any time up to the point that the dissertation is submitted for marking.

I understand that if I withdraw from the study all data provided will be destroyed with the exception of this consent form and my letter indicating that I wish to withdraw. These two documents will be retained for seven years and thereafter destroyed by shredding by CITI’s Academic Administrator.

I give consent for the data collected in the course of this research to be used

* in an unattributable, anonymized format or as part of an aggregate assessment,
* as attributed to me by name.

Save where there is a legal obligation to disclose information to a third party, or where the information provided indicates a risk of harm to me or any other person or persons, I understand that all information provided by me shall be dealt with confidentially, except where attribution is appropriate and such permission has been granted (see tick box above).

I understand the above named dissertation may be published or otherwise made available for consultation.

I agree that the researcher may contact me subsequent to the initial research in order to clarify certain answers or for additional limited information.

I understand that a copy of this consent form shall be retained.

* Where it may be appropriate, I give permission for a transcript of the interview conducted to be included in the final dissertation.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
(optional)

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
(optional)

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(optional)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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