**EU Rights and Brexit Hub: Consent form for evidence submissions**

This form is for you to state whether or not you agree to take part in the study. Please read and answer every question. If there is anything you do not understand, or if you want more information, please contact the researcher.

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| Have you read and understood the project information form about the study? | [ ]  Yes [ ]  No |
| Have you had an opportunity to ask questions about the study? | [ ]  Yes [ ]  No |
| Have you had your questions answered satisfactorily? | [ ]  Yes [ ]  No |
| Do you understand that the information you provide will be held in confidence by the researcher, and that the researcher is bound by the YLS clinic policies? | [ ]  Yes [ ]  No |
| Do you understand that your participation is voluntary and that you are free to withdraw at any time before the end of the study, without giving reasons; and should you withdraw your participation none of the information provided will be used and no record of your participation kept? | [ ]  Yes [ ]  No |
| Do you understand that information you provide may be anonymised and used in future research? | [ ]  Yes [ ]  No |
| Do you understand that while data will normally be anonymised, you have the option to waive anonymity if youwould rather do so? | [ ]  Yes [ ]  No |
| Do you agree to take part in the study? | [ ]  Yes [ ]  No |
| Signed:Please Print Name:Date:***All Data is held in the University of York’s Central Storage System in accordance with the Data Protection Act*** |