If you use this document in your own work please cite the Inventing Adulthoods study (http://www.lsbu.ac.uk/inventingadulthoods)

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CONSENT FORM

Archiving personal data from the Inventing Adulthoods study: Consent for archiving

Please tick the box

1. I confirm that I have read and understand the information sheet dated (*input date*) that outlines how my research data will be archived

   I confirm that I have had the opportunity to ask questions ☐

2. I understand that, in giving this consent, I give permission for my research data to be anonymised and included in an archive of the study ☐

3. I wish to be consulted during this process ☐
   I do not wish to be consulted further ☐

4. I agree that my data will continue to be securely stored within London South Bank University whilst the archive is being prepared ☐

5. I understand that my anonymisaed data will later form part of secure data archives facilitated by the Timescapes Digital Repository at the University of Leeds and by the UK Data Archive at the University of Essex ☐

6. I also give my permission for my research data to be included in the deposited archive of the study as a whole, which may be made available (unanonymised) at some point in the more distant future. ☐

7. I understand that my consent cannot be withdrawn once given ☐

8. I assign copyright in my contribution to Sheila Henderson, Janet Holland, Sheena McGrellis, Sue Sharpe and Rachel Thomson (the research team) ☐

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9. I accept that inclusion of my research data in the archive will mean that future researchers and academics may also quote my words in future publications and reports ☐

10. I accept that through involvement in the Timescapes Research Programme (see page 4 of the information sheet) researchers and academics of the future may also quote my words in future publications and reports ☐

11. I wish to specify who may not have access to my research data in the archive. ☐

    I do not wish to specify who may not have access to my research data in the archive. ☐

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Researcher	Signature	Date

Contact for further information

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Thank you for taking part

Participants will be given a copy of their signed consent form to keep.