



Participant Consent Form

Project Title: What is the effect of participation in the *Change Minds* project on wellbeing?

- I confirm that I have read and understand the participant information sheet provided for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that my participation in this study is voluntary and that I am free to withdraw at any time, without giving a reason.
- I understand that written or spoken quotes from me, that do not include my name, may be used in future reports and publications that may result from this study.
- I understand that information about me as an individual (without using my name or other information that could identify me) may be used in future reports and publications that may result from this study.
- I agree to take part in this study.

Participant's Name (Printed): _____

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

Thank you for agreeing to take part in this project.

Your contribution is very much appreciated.