**Information Sheet**

Thank you for agreeing to consider participation in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is **[INSERT HERE – KEEP IT QUITE BRIEF AND SIMPLE (1-2 SENTENCES) e.g.]**

Should you choose to participate, you will be asked to **[INSERT HERE, AGAIN BRIEF AND SIMPLE; THIS SECTION SHOULD INCLUDE A DESCRIPTION OF THE INTERVIEW PROCESS (ONE-TO-ONE, AUDIO-RECORDED, ETC.]**

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions or decide to withdraw from the interview. Once the interview has been concluded, you can choose to withdraw your details at any time in the subsequent two weeks.

All of the information you provide will be kept confidential and anonymous and will be available only to academic supervisor. The interview will be transcribed by the researcher, and all identifying information will be removed. Once this is done, the audio-recording will also be deleted and only the anonymized transcript will remain. This will be stored on the University College Cork OneDrive system and subsequently on the UCC server. The data will be stored for ten years. The information you provide may contribute to research publications and/or conference presentations as well as the interviewer’s thesis.

This study has obtained ethical approval from the UCC School of History Research Ethics Committee.

If you have any queries about this research, you can contact me at **INSERT YOUR EMAIL ADDRESS HERE TOGETHER WITH THAT OF YOUR RESEARCH SUPERVISOR.**

**If you agree to take part in this study, please sign the Consent Form overleaf.**

**Consent Form**

I………………………………………agree to participate in **YOUR NAME**’s research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with [**YOUR NAME**] to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts, unless otherwise specified and agreed, from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Signed: ……………………………………. Date: ………………..

PRINT NAME: …………………………………….