**Information Sheet**

**[TEMPLATE FOR INTERVIEWS]**

Thank you for considering participating 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.]** to examine the experience of students who commute to university from hometowns outside of the Cork Metropolitan Area. Should you choose to participate, you will be asked to **[INSERT HERE, AGAIN BRIEF AND SIMPLE; THIS SECTION SHOULD INCLUDE A DESCRIPTION OF THE PROCESS (INTERVIEW? SURVEY? INTERVENTION? ONE-OFF OR WITH FOLLOW-UP(S)? e.g.]** take part in a one-to-one interview with a member of the research team. This interview will be audio-recorded, and is expected to take 30-40 minutes to complete.

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 **[SPECIFY A TIME-FRAME HERE. THE RIGHT TO WITHDRAW CANNOT BE OPEN-ENDED, AS DATA CAN’T BE WITHDRAWN ONCE A PAPER IS PUBLISHED OR A THESIS SUBMITTED. IF THE DATA HAVE BEEN GATHERED ANONYMOUSLY (e.g. THROUGH AN ONLINE SURVEY WITH OPEN-ENDED ITEMS), THE RIGHT TO WITHDRAW LAPSES AS SOON AS THE DATA HAVE BEEN SUBMITTED e.g.]** two weeks.

All of the information you provide will be kept confidential and anonymous, and will be available only to **LIST AS APPROPRIATE – THE RESEARCHER, THE RESEARCH TEAM, MY SUPERVISOR ETC**. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. Once the interview is completed, the recording will immediately be transferred to an encrypted laptop and wiped from the recording device. The interview will then 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 **DATA MUST BE STORED FOR A MINIMUM OF TEN YEARS. IF YOU WISH, YOU MAY REQUEST PARTICIPANTS’ CONSENT TO STORE THE ANONYMISED DATA INDEFINITELY IN A DATA REPOSITORY, AND TO ALLOW THE DATA TO BE USED FOR SUBSEQUENT RESEARCH STUDIES.** The information you provide may contribute to research publications and/or conference presentations. Outline the Positive Ethics, the benefits of this research in the wider context. **ALSO STATE IF THE DATA WILL CONTRIBUTE TO A THESIS OR RESEARCH REPORT.** I will debrief you afterwards and answer any questions you may have.

We do not anticipate any negative outcomes from participating in this study **IF YOU DO, YOU MUST SAY SO EXPLICITLY – e.g. WE DO NOT INTEND TO CAUSE ANY DISTRESS TO PARTICIPANTS.SOME OF THE TOPICS BROACHED IN THE INTERVIEW, HOWEVER, ARE OF A SENSITIVE AND PERSONAL NATURE. SHOULD YOU WISH TO DO SO, YOU CAN CHOOSE NOT TO ANSWER QUESTIONS, OR TO BRING THE INTERVIEW TO AN END AT ANY TIME.** Should you have any concerns arising from participating in the research, or should it raise any issues for you, the contact details for support services provided below may be of assistance. **SHOULD SOMEONE BECOME DISTRESSED AS A RESULT OF TAKING PART IN YOUR STUDY, YOUR SUPERVISOR IS PROBABLY THE BEST PERSON TO MANAGE THIS IN TERMS OF REFERRAL ROUTES ETC. BE MINDFUL OF DIRECTING PARTICIPANTS TO ALREADY OVERSTRETCHED SERVICES. HOWEVER, DIRECTING TOWARDS INFORMATION IS APPROPRIATE.**

This study has obtained ethical approval from the UCC School of Applied Psychology Ethics Committee.

If you have a concern about how we have handled your personal data, you are entitled to this raise this with the Data Protection Commission.

<https://www.dataprotection.ie/>

**SHOULD YOU BECOME AWARE OF A BREACH OF THE PERSONAL DATA OF PARTICIPANT(S), YOU MUST REPORT THIS TO THE DATA CONTROLLER.**

“A personal data breach occurs when the data is accessed, disclosed, altered, lost or destroyed in contravention of an organisation’s obligation to keep personal data in its possession safe and secure”

<https://www.dataprotection.ie/>

If you have any queries about this research, you can contact me at **THE CONTACT DETAILS OF YOUR RESEARCH SUPERVISOR SHOULD ALSO BE PROVIDED, AS THIS IS THE APPROPRIATE PERSON TO CONTACT FOR SEMI-FORMAL QUERIES. FOR INSTANCE, A REQUEST FOR INFORMATION MAY COME AFTER YOU HAVE GRADUATED AND ARE NO LONGER HERE.**

UCC'S Data Protection Officer (DPO) is Catriona O'Sullivan, Information Compliance Manager, University College Cork, 4 Carrigside, College Road, Cork, Ireland.

Telephone: +353 (0)21 4903949\* Email: [gdpr@ucc.ie](mailto:gdpr@ucc.ie)

The Data Controller for this study is **INCLUDE PRINCIPAL INVESTIGATOR’S NAME AND CONTACT DETAILS.**

If you have a complaint about how this research was conducted please contact in writing:

The Ethics Committee,

School of Applied Psychology,

University College Cork,

Cork

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 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: …………………………………….