

## CONSENT FORM FOR PROJECT PARTICIPANTS – GROUP INTERVIEW

**PROJECT TITLE:** *SOGICA - Sexual Orientation and Gender Identity Claims of Asylum: A European human rights challenge*

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**Project Approval Reference:** ER/NH285/1

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***Please feel free to say yes or no to any of these questions.***

- |   | Yes/No                   |
|---|--------------------------|
| 1. I confirm that I have read the attached Information Sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.   | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project until any relevant publication is accepted for publication (which will be at least two months after the group interview) without being penalised or disadvantaged in any way. | <input type="checkbox"/> |
| 3. I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679.  | <input type="checkbox"/> |
| 4. I allow the group interview to be audio-recorded.  | <input type="checkbox"/> |
| 5. I agree to be quoted in project publications anonymously.  | <input type="checkbox"/> |
| I would like this pseudonym to be used: _____   |                          |
| 6. I agree to be quoted in project publications with my name being used.  | <input type="checkbox"/> |

7. I understand that all participants of the group interview are asked to keep Information confidential but that the researchers cannot guarantee this.

8. I consent to my contributions in the form of creative material produced during the group interview, such as photography, poetry, video, drawing/paintings, being analysed and made public as part of this project. [Please underline which form of material produced].

a) on a completely anonymous basis

b) without anonymity

9. I agree to the re-use of the group interview for future research and analysis by the researchers of this project.

Name:

\_\_\_\_\_

Email:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Name of researcher:

\_\_\_\_\_

**Yes/No**

• I would like to see a transcript of the group interview for my approval before being included in the write up of the research.

• I would like to be sent a copy of the project's report and summary once finalised.

• I can be contacted about future opportunities to participate in this or other research projects.

SOGICA Consent Form v.8, 05.06.2018

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