

Local Foods Research Project

Exploring Localism in Alternative Food Networks

Institute of Geography, University of Edinburgh



PARTICIPANT CONSENT FORM

The purpose of this form is to ensure that all participants in the Local Foods Research Project understand what participation involves, and that they have provided their informed consent for the information gathered to be used as described below. Any questions can be addressed to the researcher through the contact details at the bottom of this page.

By signing this form, you are declaring that you have read and agree with the following statements:

1. I consent to participate in the Local Foods Research Project, which will involve my participation in an individual interview with the researcher. I confirm that the details of this process have been explained to me, and that I have a printed copy of the project information sheet.
2. I acknowledge that:
 - a. I am aware that participation is voluntary and that I may withdraw from the project at any time;
 - b. I have been informed that pseudonyms will be used in any publications, but that the organisations represented by the interviewees will be referred to by name;
 - c. I have been informed that interviews will be audio-recorded, and that transcripts of the conversation will be available to participants for review before use by the researcher.
3. I consent to the information I provide during the research being:
 - a. used by the researcher in his own research;
 - b. included in academic or non-academic publications;
 - c. presented at academic meetings or conferences;
 - d. included on the Project website;
 - e. used by the researcher in presentations to non-academic groups;
 - f. stored as written electronic transcripts by the researcher for reference purposes in further research or publications.
4. I confirm that I am over 18 years old.

By signing below, you confirm that you have read the above information and the attached information sheet, and that you give your informed consent to participate in the research project.

Signature: Date:

Print Name:

Organisation (if applicable):