Remember to delete the advisory text and update the details in the footer to be specific to the research for which you are seeking ethics review.

**CONSENT FORM FOR TEACHERS**

Central University Research Ethics Committee (CUREC) Approval Reference: xxxxx

**[Study Title]**

|  |  |  |
| --- | --- | --- |
|  |  | *Please initial each box* |
| 1 | I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty. |  |
| 3 | I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data. |  |
| 4 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. |  |
| 5 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. |  |
| 6 | I understand how this research may be written up and published. |  |
| 7 | I understand how to raise a concern or make a complaint. |  |
| 8 | I understand that researchers will observe lessons and other aspects of my teaching, as detailed on the information sheet, and discussed and agreed with the researchers. |  |
| 9 | [If applicable] I consent to being audio/video recorded [please delete as appropriate] |  |
| 11 | [If applicable] I consent to having my photo taken |  |
| 12 | [If applicable] I understand how audio recordings / videos / photos will be used in research outputs [please delete as appropriate] |  |
| 13a | [if applicable] I give permission to be quoted directly in research outputs and for my name to accompany any quotation **OR** |  |
| 13b | [if applicable] I give permission to be quoted directly in research outputs against a pseudonym **OR** |  |
| 13c | [if applicable] I give permission to be quoted directly in research outputs but only fully anonymously **OR** |  |
| 13d | [if applicable] I do not wish to be directly quoted |  |
| 14 | I agree to take part in the study |  |
| **Optional:** | I agree that my contact details can be retained in a secure database so that the researchers can contact me about future studies. | YES/ NO |

dd / mm / yyyy

Name of Participant Date Signature

dd / mm / yyyy

Name of person taking consent Date Signature