



Participant consent form

Title: Developing 'cultures of respect' in residential services for people with an intellectual disability

I
(name)

of.....
(address)

Contact phone number.....

Have read and understood the Participant Information Statement, and any questions I have asked have been answered to my satisfaction. I understand that my participation is voluntary and I agree to take part in this research, knowing that I may withdraw without any impact on my employment at any time. I have been given a copy of the Participant Information Statement to keep. I understand that my personal information will be kept private and confidential. I am also aware of the procedures involved in this study.

Signature:.....

Date:.....

I agree for interviews/focus groups to be digitally recorded so that it can be transcribed

Signature:.....

Date:.....