

**OTH2: Consent Form for Other Participants (version 1.1, dated 17 March 2021)**
**Title of Study: Digital Benefits and Disbenefits: Improving Citizens' Interactions with Digitised Benefit Systems (CW20)**

Please complete this form after you have read the Information Sheet. You will be given a copy of this Consent Form. Review each of these points, ask any queries, and tick the boxes underneath each if you agree.

<b>Understanding</b>	<b>Voluntary</b>	<b>Recording</b>	<b>Data Use</b>	<b>Confidentiality</b>
I confirm that I have had the opportunity to consider the information, ask questions and I have had any questions answered satisfactorily.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, by contacting the principal researcher.	I consent to being recorded, to be observed, for notes and anonymous photographs to be taken and to the processing of my personal information (what I say, write and do) for the purposes of this research study.	I understand my data will be subject to scientific analysis, used in the research project thesis, accessed by examiners, published as papers and a thesis, and archived as de-identified data for future reuse in a research data repository.	I understand my data resulting from my participation in this study will be treated with full confidentiality, and other researchers will have access to this data only if they agree to preserve its confidentiality and agree to the terms specified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please keep me informed about this research and potential further involvement by email and/or text (SMS):

<i>Email</i>	<i>Mobile Phone</i>
THIS IS OPTIONAL	THIS IS OPTIONAL

With my signature below, I certify that I have read the Information Sheet, and am well informed about the motivation and procedures of this research study. I agree to take part in this research project.

**Signed by Participant**

<i>Name</i>	<i>Signature</i>	<i>Date</i>

**Signed by Researcher**

<i>Name</i>	<i>Signature</i>	<i>Date</i>