



OLLSCOIL NA
GAILLIMHE
UNIVERSITY
OF GALWAY

Ethical Consent Form

I, the undersigned, declare that I am willing to take part in research for the project entitled Ending Sexual Violence and Harassment in Higher Education Institutions - An analysis of the views and experience of those to whom disclosures were made

- I declare that I have been fully briefed on the nature of this study and my role in it and have been given the opportunity to ask questions before agreeing to participate.
- The nature of my participation has been explained to me, and I have full knowledge of how the information collected will be used.
- I am aware that my participation in this study will be audio recorded and I agree to this. However, should I feel uncomfortable at any time, I can request that the recording be switched off.
- I am aware that such information may also be used in future academic presentations, publications, public outputs (eg media coverage), and when the researchers talk or write about this study.
- I fully understand that there is no obligation on me to participate in this study.
- I fully understand that I am free to withdraw my participation without having to explain or give a reason at any point up to data de-identification.
- I acknowledge that the researcher does guarantee that they will not use my name, and they will work to ensure that they do not use any information that would identify me in any outputs of the research.

- **Interview participants only:** I understand that after an individual interview I will receive a transcript (written record of exactly what was said), and I can ask for amendments to be made to my transcript within seven days of receiving it.
- **FGD participants only:** I agree to maintain confidentiality about the identities of the other participants in the FGD. In the event that I share what was discussed in the FGD, I agree not to name anybody involved.
- I would like the research team to keep my email address until the end of the project (August 2027), so that they can update me on the research outputs and recommendations.

Yes ☐ No ☐

Signature of Participant

Date

Signature of Investigator

Date