

Appendix E: Consent Form



DECLARATION

I confirm that I have read this information sheet and had time to consider the costs and benefits of participation in this study. I understand that my participation is voluntary and that I am free to withdraw at any time without providing a reason or disadvantage. Therefore, I agree to take part in this research.

I understand that as part of this research project *The Situation and Experiences of Disability Support Workers*, I will participate in an interview with the researcher, Elaine Haverty.

I understand that my name will not be identified in any of the data.

I agree that the data can be used to present findings in the written dissertation and in future conference presentations.

Name of Participant (block capitals):

Signature:

Date: