

**Consent form**

**Please amend to suit the needs of your study. Remove red text**

**Programme name, semester**

We hope you are willing to take part in the study investigating XX. The study aims to XX. The implications of the study are to (state who/what will benefit). In order to carry out the study we need to collect the following data XX during the period of XX. We will use the results for XX in order to collect XX.

The study forms part of the compulsory program curriculum and is supervised by one of the assigned supervisors of Dept. of Education at Stockholm University, who will ensure that students adhere to all the necessary rules. The resulting thesis is assessed and graded by an examiner at the end of the course.

We ask for your approval to use the data collected for the study. Participation is always voluntary. In order to collect data for the study, we need your signed consent on the second page of this form. Even in the case that you sign the form at this point, it is still possible for you to withdraw from participation at any time without giving a motivation why.

During the course of the student working on the study your personal data are protected and will not be disclosed to unauthorized persons. We will store recordings and other details in a safeguarded manner. Any photographic/video/sound collected in the first phase will be anonymized, coded and transcribed as text. This will be done immediately upon transmission in order to disable any potential for detecting that you have participated. The consent forms will be kept in locked storage at Stockholm University so that they may not be linked to our recording. When the study is completed and the thesis has passed assessment, we will destroy the original data that has been collected (e.g. film/sound files or digital survey).

The results of the study will be published in the thesis in a manner that will not reveal the participant’s identity. The study adheres to the guidelines on research ethics and common laws. You may read more about these at the bottom of page 2.

In order to complete the study, it is very valuable for us to receive your consent. Please contact us in case you need further information.

Supervisor’s name

Email: xxx@edu.su.se

Telephone 08-1207 xxx

The student’s name

Email

Telephone



Date

Edit the Template to suit your needs

**Consent Form** (name subject e.g. teacher/adult etc)

I have taken part of the information of the study and accept that the material is recorded and stored for use in the master’s thesis.

□ Yes

□ No

The name of the informant, date and signature………………

Print name……………..

(in case of a minor) Legal guardian’s/parent’s signature…….

Print name…………………

(in case of officials) Official’s/administrator’s signature…….

Print name………………….

(in case needed) Principal’s/Leadership signature…………….

Print name………………….

At bottom of page

**Further regarding guidelines and legislation related to the study**

The personal data essential for carrying out the study are regulated according to the requirement of consent (samtyckeskravet) in the Swedish legislation (the Personal Data Act, in Swedish) Dataskyddsförordningen. Stockholm University is responsible for personal data. According to the law of protection of Personal Data Act (dataskyddsförordningen f.o.m. 25maj, 2018) you are entitled free access to all information involving you and if needed, to have incorrect information amended. You also have the right to request deletion, limitation or objection to the use of personal data, with an opportunity to lodge a complaint to the data security officer at Stockholm University at dpo@su.se alternatively the Swedish Data Protection Authority at <https://datainspektionen.se/kontakta-oss/>. Please approach the supervisor or student for further information.



**Consent Form (School personnel)**

I have read the information about the study and agree to the material being recorded, saved and used for research.

□ Yes

□ No

Signature:

Print Name

Date