

## **Understanding Adverse Childhood Experiences and Developmental Pathways into Youth Offending: Perspectives of Social and Community Workers**

### **PARTICIPANT CONSENT FORM**

I have read, and I understand the Information Sheet. I have had the study details explained to me; any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study, and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I understand that the interview will be conducted via Zoom, which may capture video images during the session. I understand that these images will not be used as part of the research data and will be deleted immediately after the interview. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recording returned to me.
3. I wish/do not wish to check my transcript prior to data analysis by the researcher.
4. I agree to participate in this study under the conditions set out in the Information Sheet.

#### **Declaration by Participant:**

I \_\_\_\_\_ hereby consent to take part in this study.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_