**Retroactive Consent Form**

You are being invited to confirm your participation in a research project. It is important for you to understand why the research was done and what it involved. Please take time to read the attached information sheet carefully and discuss it with others if you wish. Ask if anything is unclear or if you would like more information.

* I understand that I participated in an interview about my thoughts on the mentoring programme I am involved in running at UAL.
* I fully give my retroactive consent for my participation.
* I understand that I have given approval for my opinions to be included in the research outputs. Anything I said may be used in academic papers relating to the project, although these quotations will be anonymous.
* I have read the information sheet about the research project, which I participated in and have been given a copy of this information to keep.
* What was done and why it was done has been explained to me, and I have had the opportunity to discuss the details and ask questions.
* Having given this retroactive consent, I understand that I still have the right to withdraw from the research programme at any time without disadvantage to myself and without having to give any reason.
* I hereby fully and freely provide retroactive consent to participation in the study, which has been fully explained to me.

**Participant Details**

Participant’s Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator Details**

Investigator’s Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact:**
Investigator: Jazmin Hodges

Tel: 07725447778, Email: j.hodges@arts.ac.uk Research Project: Mentoring Guide