**Participant Consent Form**

**Title of study**: An investigation of stakeholder perception of the current Classification System in Para Dressage

**Researchers**: Dr. Sarah Jane Hobbs, Dr. Lindsay St. George, Dr. Clare Thetford, Dr. Rachel Stockley, Dr. Jonathan Sinclair, Prof. Hilary Clayton, Dr. Jane Williams, Dr. Kathryn Nankervis.

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|  | Please Initial Box |
| 1. I confirm that I have read and understood the information sheet dated 24.5.18for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I am happy with the answers provided. |  |
| 1. I understand and agree that my participation in interviews will be audio recorded and I am aware of and consent to your use of transcribed recordings (including anonymised quotes) for the following purposes: use in reports, to inform the development of the larger FEI study, and academic/ scientific articles and presentations. |  |
| 1. I understand that my participation is voluntary and I am free to withdraw at any time during the study, or 2 weeks from the time of my interview without giving any reason and without my rights being affected. |  |
| 1. I understand that if I do not wish to answer any particular question or questions, I am free to decline |  |
| 1. I understand that the anonymised data set may be used to support other research within the same theme in the future including with researchers based in other countries but that it will not be possible to identify any individual participant from that data set. |  |
| 1. I am aware that my name or any identifying information will not appear in any publication. |  |
| 1. I agree to take part in the interview phase of the study. 2. I agree to be contacted again by the research team about further research relating to the FEI Para Dressage Classification system in the future. I agree that my contact details may be confidentially stored by the research team for up to two-years after taking part in the interview phase of the study. |  |

Please complete two signed copies of this form. One to be retained by the researcher and the other to be retained by the participant.

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Participant Date Signature

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Researcher Date Signature