

Consent Statement

Researcher: Russell Delderfield

Research Supervisors: Dr. Ian Burkitt and Dr. Gillian Proctor

Title of the project: How do males who identify as eating-disordered understand their own experiences?

Thank you for considering sending me the story of your experience of having an eating disorder as part of my research. Please read through the following statements and questions and show your response to each of them. This is important as both you and I need to be clear what elements of the research you are agreeing to take part in and so that I can be sure that you are fully informed about the purposes of the project.

1	I have read all of the accompanying information about the study.	YES/NO
2	I am a UK male over eighteen (18) years old	YES/NO
3	I understand that I can contact Russell to ask questions about the research and my involvement if I feel I need to.	YES/NO
4	I understand that writing my story could be a difficult experience and I am able to seek out and access appropriate support should I feel I need to.	YES/NO
5	I understand that I can withdraw from the project at any stage before the final write-up, I don't have to give a reason and providing it is before the stated date none of my account will be used in the research.	YES/NO
6	I understand that I can contribute by submitting my story without further contact or choose to have Russell contact me with his understanding of my story for further comment (see choices below).	YES/NO
7	I understand that my story will be held in an electronic password-access file on a secure server and that only Russell and the IT technician will have access for the duration of the research and that this and any paper copies will be destroyed once the research is written up and completed.	YES/NO
8	I understand that identifying information about me and my family, friends or associates will be removed from my story and every attempt will be made to ensure my anonymity.	YES/NO
9	I understand that my story may be reproduced in the research dissertation and this may be read by others in its anonymous form and may be published later.	YES/NO
10	I, (YOUR NAME), give my consent to take part in the research by sending my story.	YES/NO
11	I, (YOUR NAME), give my consent to take part in the research by sending in my story AND I would like to have the written interpretation of my account sent back to me so that I can be further involved in the research.	YES/NO
12	I, (YOUR NAME), would like to receive a copy of the completed research report.	YES/NO

DATE: