

PARTICIPANT CONSENT FORM
Teacher's Perceptions of Design Thinking Research Study

Name of Researcher: Michelle Borda
University: The Institute of Education

Please read each of the following statements carefully and initial each box to show that you consent to it.

- 1 I confirm that I have read and understand the information sheet provided for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily.
- 2 I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason.
- 3 I understand that information gathered by the study may be used in reports by the researcher, but my name will not appear in any of these reports.
- 4 I understand that this study will collect data in the form of anonymous surveys, workshop field notes, including general observations and photographs of the artefacts created and reflections boards.
- 5 I agree to take part in the above project.

Participant:

Name of Participant Signature Date

Researcher:

Name of Researcher Signature Date

Participant Identification Number: