



## APPENDIX C: PARTICIPANT CONSENT FORM

### **Participant Consent Form**

#### **Individual Interview**

#### Perceptions and experiences of educational psychologists: training within the framework of a systemic reflecting team model

I \_\_\_\_\_, have read the participant information sheet and consent to participation in the proposed study on: *The perceptions and experiences of educational psychologists: training within the framework of a systemic reflecting team model*, conducted by Jodi Miller. In doing so I understand that:

- ☐ Confidentiality will be guaranteed.
- ☐ There are no inherent risks or dangers to me, the other practitioners or Family Life Centre.
- ☐ There are also no inherent benefits.
- ☐ I may withdraw from the study at any time without negative consequences.
- ☐ I have the right not to answer question(s).
- ☐ If direct quotes are used from the responses, no identifying information will accompany that quote.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_