

CONSENT FORM

Please tick the appropriate boxes

Yes No

Taking Part

I have read and understood the project information sheet.

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.


I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

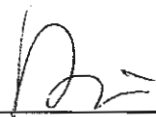
I agree to assign the copyright I hold in any materials related to this project to Fung KO.

Tai Junita
Name of participant [printed]


Signature

1/9/2015
Date

Fung KO
Researcher [printed]


Signature

Sept 1, 2015
Date

Project contact details for further information:

Name: Fung KO

Phone: (852) 91090486

Email address: fko@essex.ac.uk

CONSENT FORM

Please tick the appropriate boxes

Yes No

Taking Part

I have read and understood the project information sheet.

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fung KO.

Sin Wai Shing
Name of participant [printed]

hi
Signature

27-8-15
Date

Fung KO
Researcher [printed]

[Signature]
Signature

Aug 27, 15
Date

Project contact details for further information:

Name: Fung KO

Phone: (852) 91090486

Email address: fko@essex.ac.uk

CONSENT FORM

Please tick the appropriate boxes

Yes No

Taking Part

I have read and understood the project information sheet.

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fung KO.

(BETHANY)
CHUNG KAWING
Name of participant [printed]

[Signature]
Signature

26.08.15
Date

Fung KO
Researcher [printed]

[Signature]
Signature

8/26/15
Date

Project contact details for further information:

Name: Fung KO

Phone: (852) 91090486

Email address: fko@essex.ac.uk

Deep

CONSENT FORM

Please tick the appropriate boxes

Taking Part

I have read and understood the project information sheet.

Yes No

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fung KO.

Li Chak Sun
Name of participant [printed]

[Signature]
Signature

8/13
Date

Fung KO
Researcher [printed]

[Signature]
Signature

8/13/15
Date

Project contact details for further information:

Name: Fung KO

Phone: (852) 91090486

Email address: fko@essex.ac.uk

CONSENT FORM

Please tick the appropriate boxes

Yes No

Taking Part

I have read and understood the project information sheet.

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fung KO.

Kwok Tsz Shan
Name of participant [printed]

[Signature]
Signature

5/8/2015
Date

Fung KO
Researcher [printed]

[Signature]
Signature

Aug 15
Date

Project contact details for further information:
Name: Fung KO
Phone: (852) 91090486
Email address: fko@essex.ac.uk

Holey

CONSENT FORM

Please tick the appropriate boxes

Yes No

Taking Part

I have read and understood the project information sheet.

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fung KO.

Chung Tsz Lee
Name of participant [printed]

Holey
Signature

6/8
Date

Fung KO
Researcher [printed]

[Signature]
Signature

Aug 6, 15
Date

Project contact details for further information:

Name: Fung KO

Phone: (852) 91090486

Email address: fko@essex.ac.uk

CONSENT FORM

Please tick the appropriate boxes

Taking Part

I have read and understood the project information sheet.

Yes No

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fung KO.

Fse Lung Tung
Name of participant [printed]

[Signature]
Signature

15/4
Date

Fung KO
Researcher [printed]

[Signature]
Signature

17/4/15
Date

Project contact details for further information:

Name: Fung KO

Phone: (852) 91090486

Email address: fko@essex.ac.uk

Y431527(6)

CONSENT FORM

Please tick the appropriate boxes

Yes No

Taking Part

I have read and understood the project information sheet.

I have been given the opportunity to ask questions about the research.

I agree to take part in the research. Taking part in the research will include being interviewed and video recorded.

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.

Use of the information I provide for this research only

I understand my personal details such as phone number and address will not be revealed to people outside the project.

I understand that my words may be quoted in publications, reports, web pages, and other research outputs.

Use of the information I provide beyond this project

I agree for the data I provide to be archived at the UK Data Archive.

I understand that other genuine researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

So we can use the information you provide legally

I agree to assign the copyright I hold in any materials related to this project to Fung KO.

Yenna Ho
Name of participant [printed]

[Signature]
Signature

April 13, 2015
Date

Fung KO
Researcher [printed]

[Signature]
Signature

Apr 13, 2015
Date

Project contact details for further information:
Name: Fung KO
Phone: (852) 91090486
Email address: fko@essex.ac.uk