

Informed Consent Form (ICF)

CONSENT FORM FOR WORKSHOP ATTENDEES

Full title of Project: Ancient Disability Stories Workshops

Name, position and contact details of Researcher: Katarína Kompauerová, PhD Researcher, School of Heritage and Culture, kk450@leicester.ac.uk

Name, position and contact details for Supervisor: Dr Jane Masségia, Associate Professor of Ancient History, School of Heritage and Culture, jeam2@leicester.ac.uk;
Prof Sarah Scott, Professor of Archaeology, School of Heritage and Culture, sas11@le.ac.uk

Please **initial** box

1. I confirm that I have read and understand the participant information sheet (**Version 1, 30.04.26**) for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.
3. I understand that at all times this research project will comply with the *General Data Protection Regulations (GDPR, 2018)* approved by the EU parliament on 14 April 2016 and passing into UK law effective from 25 May 2018 and that if I have any concerns how I contact the University of Leicester to raise these.
4. I agree to take part in the above research project.

Please **initial** box

5. I agree to the use of anonymised quotes in publications.

Yes

No

