

Primary Investigator

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Photo Release Form

**Experiences of Repeated Relapse into Substance Misuse: A Multi-Perspectival Interpretative Phenomenological Analysis**

**Please initial and sign below if you agree with the statement**

I understand that I am being asked to provide permission for the primary investigator (Maike Klein) to use a photograph taken of a personal item that represents my experience with repeated relapse on the day of the interview to be used in research about experiences of repeated relapse into substance misuse.

I understand that I have been asked to have the photograph of my personal item used for the analysis and presentation of findings (e.g. as electronic copy in a thesis chapter, academic journal, power point slides).

I have been told that my name will not be used in any presentation of the photograph of my personal item.

I have been told that confidential material on the photograph of my personal item will be anonymized and therefore protected.

I understand that signing this release is voluntary and that I have the right to withdraw my photograph from the study data at any given moment up until 8 weeks of submission date for the final thesis (October 2021).

I have read and understood the statements in this document and voluntarily agree to: *(Please tick one of the following)*

* have a photograph of my personal item taken and released for the purposes of the described research
* have a photograph of my personal item taken without having it released for the purposes of the described research

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_