[Date]

**Maynooth University Department of Media Studies**

**Undergraduate/Masters Research Project Information**

I am [name], a [YEAR undergraduate/postgraduate] student in the Department of Media Studies at Maynooth University.

As part of my programme of study, I am undertaking research into [research topic]. This project is designed to [short description]. I would value your participation in this project.

Participants will be involved in a [describe data collection methods – e.g. short interview of about 15 minutes, 1 hour observation of their media use and short interview etc]. I will be using a [video/audio] device [delete if not applicable] to record this meeting.

You are under no obligation to continue with the research once it is underway and can request that any [interview/observation…] be stopped at any time.

All data will be anonymised and deleted directly after completion of this module. Completed research projects containing anonymised data will be kept securely in the Department of Media Studies for no longer than two years. These assignments will be viewed by Examiners from within the Department and may in certain circumstances, be reviewed by appointed External Examiners.

While we try to keep all information confidential, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation, or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable legal steps to ensure that confidentiality is maintained to the greatest possible extent.

If you have any queries before or after this research, you can contact my supervisor at the Department of Media Studies:

[name, including title]

Department of Media Studies

Maynooth University

Maynooth, Co. Kildare

Tel: (01) 708 3624

Email: [insert]

If you are willing to be involved in this project, please sign the attached consent form. Your participation is appreciated.

Signature:

[email address – use your NUIM account NOT a personal account]

**Maynooth University Department of Media Studies**

**Undergraduate and Masters Research Project Consent Form**

Researcher name: [your name]

Researcher contact details: [email address – use your NUIM account]

Supervisor contact details: [lecturer name – include title]

Department of Media Studies

Maynooth University

Maynooth Co. Kildare

Tel: +(0)1 708 3624

Email: [email address]

Project title: [title or topic]

I give consent to my involvement in the above titled research project.

I have been provided with information about this project and understand what is required of me. I understand that I am able to withdraw my participation at any time.

I understand that I will be recorded using a [name] device. [delete if not applicable].

I understand that my data will be anonymised and deleted after use.

Name:

Signature:

Date:

*If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@nuim.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.*