***Guidance Note:*** *the primary gatekeeper is the person or body with overall responsibility within that organisation, for example the head teacher of a school or the governing body of an association. Having gained access, many researchers then have to negotiate the details of access with ‘secondary gatekeepers’ who are usually employees of that organisation.*

*Please use the Gatekeeper information sheet where appropriate and refer to the Participant Information Sheet notes for more detailed information. The Gatekeeper Consent Form is appended below*

**LIVERPOOL JOHN MOORES UNIVERSITY**

**GATEKEEPER INFORMATION SHEET**



**Title of Project:**

**Name of Researcher and School/Faculty**

*The following questions can be headings in your information sheet and beneath each you should add text that is relevant to your study:*

1. **What is the reason for this letter?**
2. **What is the purpose of the study/rationale for the project?**
3. **What we are asking you to do?** (be explicit about access and what role the gatekeeper will be taking)
4. **Why do we need access to your facilities/staff/students?**
5. **If you are willing to assist in the study what happens next?**
6. **How we will use the Information/questionnaire?**
7. **Will the name of my organisation taking part in the study be kept confidential?**’(The gatekeeper must be told in simple terms how their confidentiality is being safeguarded during and after the study)
8. **What will taking part involve? What should I do now?**
* Sign and return the **Gatekeeper Consent Form** provided
* **For participants who are aged under 16 only**, please make sure **Signed Parental Consent Forms** are collected back **BEFORE distributing the questionnaire.**

Should you have any comments or questions regarding this research, you may contact the researchers: *(insert names & contact details)*

**This study has received ethical approval from LJMU’s Research Ethics Committee** *(insert REC reference number and date of approval)*

**Contact Details of Researcher**

**Contact Details of Academic Supervisor** *(student studies only)*

**If you have any concerns regarding your involvement in this research, please discuss these with the researcher in the first instance. If you wish to make a complaint, please contact** **researchethics@ljmu.ac.uk** **and your communication will be re-directed to an independent person as appropriate.**

*In the interests of safety for the researcher, LJMU Research Ethics Committee would advise researchers not to include home addresses or personal telephone numbers (mobile or home) as contact details for participants.*

**LIVERPOOL JOHN MOORES UNIVERSITY**

**GATEKEEPER CONSENT FORM**



**Title of Project:**

**Name of Researchers:**

Please tick to confirm your understanding of the study and that you are happy for your organisation to take part and your facilities to be used to host parts of the project.

*Please add some brief information about your project here that clarifies exactly what the gatekeeper is agreeing to*

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that participation of our organisation and students/members in the research is voluntary and that they are free to withdraw at any time, without giving a reason and that this will not affect legal rights.
3. I understand that any personal information collected during the study will be anonymised and remain confidential.
4. I agree for our organisation and students/members to take part in the above study.

5. I agree to conform to the data protection act

Name of Gatekeeper: Date: Signature:

Name of Researcher: Date: Signature:

Name of Person taking consent: Date: Signature:

(if different from researcher)