



Dear Summer Rock School member,

I am joining Summer Rock School to help me with my PhD study at York St John University.

I would like to make music with you during Rock School for two reasons:

- 1) To learn about how we might work together to make new music.
- 2) To think about our sessions - to learn from you about the music you like, the music you want to play and the new music you might want to create. This may give me ideas which will be helpful in my research.

For my research, I will take notes about things I have observed during the summer school. I might use these notes in my future research, and I will only use your real name if you want me to. I might also take photocopies of some of your lyrics, make audio recordings, take photographs and film some sessions.

If you have any questions about my research, please talk to me, or to Sue, or write to j.gibson1@yorks.j.ac.uk.

Please fill in the form below to let me know whether you give me permission to involve you in the research. You do not have to participate in the study – it is up to you. If you choose not to participate, it will not affect your inclusion in Summer Rock School.

Yours sincerely,

A handwritten signature in blue ink, appearing to be "Jo Gibson".

Jo Gibson

Name of Researcher -
Jo Gibson
Title of study -
Making music together

Please read and complete this form carefully, and sign and date it at the end. If you do not understand anything and would like more information, please ask.

• Jo has explained the research to me and I understand it.	YES / NO
• I understand that I can change my mind about being involved in the research at any time.	YES / NO
• I give Jo permission to write notes about Rock School and make photocopies of my song lyrics for her research.	YES / NO
• Would you like your name to be included in the research?	YES / NO
• I give Jo permission to make audio recordings, take photos and film sessions that I am in.	YES / NO
• I understand that Jo will discuss her research with her teachers at York St John University.	YES / NO

I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Name:

Signature:

Date: