3 - Action group documentation

3.1: Diaries for facilitators of action groups

Facilitator Diary Form

Action Group Meetings

Please complete a new diary form for every action team meeting.

Return the completed form within 48 hours of the meeting to the Learning Together research team via post ([redacted]) or email ([redacted]emily.warren@lshtm.ac.uk[redacted]).

Pre-addressed and paid envelopes are provided to you.

There are nine sections to the form. **Not all sections or questions will be relevant to each meeting.** Please use 'not applicable' where necessary.

SECTION 1: GENERAL INFORMATION

Identifying Information
Name of facilitator
Name of school
Date of action group meeting
Circle which action group meeting this entry pertains to 1 2 3 4 5 6 7 8 9 10 (note: a minimum of six meetings per year is required)
What was the date you first introduced the project to STAFF members at this school? How was this delivered (e.g. school whole staff briefing)? *If you have provided this information in a previous form, please use 'NA'.* Date: _____ How it was delivered _____
What was the date you first introduced the project to Year 8 STUDENTS at this school? How was this delivered (e.g. assembly)? *If you have provided this information in a previous form, please use 'NA'.* Date: _____ How it was delivered _____

Meeting Information	
Meeting start time	**Meeting end time**
Who chaired (name, role/position)?	
Who took action points (name, role/position)?	
How many SLT members attended?	
How many students attended?	
Were there any changes in membership (new members since first meeting or members withdrawn)?	

Staff Membership: Complete for FIRST action group meeting only List the names of each staff member on the group, their role or position in the school and gender.		
Name	**Role/Position***	**Gender**

*Examples of roles/positions include: SLT representative; teaching staff; pastoral staff; support staff (e.g. teaching assistant); (optional: parents; school governors; health or social work professionals).

Student Membership: Complete for FIRST action group meeting only List the names of each student on the group, their year group in the school and gender.

Name	Year group	Gender

SECTION 2: IDENTIFYING NEEDS

Was the Needs Assessment Report reviewed and used at this meeting to inform decisions about the school's priorities?	
Yes ☐	No ☐

Please ✓ any other data sources which were *reviewed and used at this meeting* to inform decisions about the schools priorities (do not check data sources that are discussed, but not actually used to inform decisions)	
No data sources were reviewed at this meeting (go to section C)	☐
Needs assessment Report	☐
Recent student / parent surveys	☐

Attendance figures and analysis	☐
Incident reports	☐
Bullying records	☐
‘Referral Unit’ data	☐
School improvement plan	☐
Other (1): Specify _____	☐
Other (2): Specify _____	☐
Other (3): Specify _____	☐

Briefly explain: How the action team used the Needs Assessment Report to identify priorities?

SECTION 3: SETTING PRIORITIES AND DEVELOPING ACTIONS

Record: (1) what are the priorities established *at this meeting*; and (2) what are the actions developed for each priority *at this meeting*. Also, please ✓ the last column if the priority was informed by the needs assessment report.

Use 'NA' (not applicable) if you have not addressed priorities or actions at this meeting.

If this information is already recorded clearly in the action plan, attach the action plan to this diary form and move to the next section.

Priorities	Action	Who is responsible for implementing actions (lead person and others involved)?	What is the timescale for completion?	✓ if the priority/action was informed by Needs Assessment Report

Have any actions been reported as completed in this meeting?

SECTION 4: REVISION OF SCHOOL 'RULES' (also known as, behaviour code, principles etc.)

Note: If you haven't already done so previously, please attach a copy of the original school rules and policies, and the revised rules and policies to this diary form.

Have school rules been revised at this meeting?		
☐ Yes **(attach the old school rules and the new revised school rules to this document when sending it to the evaluation team. Proceed to next question below)**	☐ **No. The school has already rewritten its rules so decided not to do this again at this point** (go to section 5)	☐ **No. We haven't done this yet** (go to section 5)

The SCHOOL RULES which were revised related to… *Note: not all will be relevant. Please describe the rule/code/principle you are referring to when using the 'other' category'.*	
Relationships	☐
Working and learning	☐
General behaviour	☐
Appearance/clothing attire	☐
Outdoor space	☐
Canteen environment	☐
Other school space	☐
Lunch and break time	☐

Other (specify_____)	☐
Other (specify_____)	☐
Other(specify_____)	☐

What other students (not part of the action group) were involved in revising the *school rules*?

Who will be involved in implementing changes to *school rules*? Identify who is the lead person.

How did staff and students revise *school rules*/ what was the process? For example, consultation, working group, promotion in assemblies etc.

Indicate what actions, if any, related to *school rules* were reported as complete?

SECTION 5: REVIEW OF SCHOOL POLICIES

Note: If you haven't already done so previously, please attach a copy of the original school rules and policies, and the revised rules and policies.

Have school policies been reviewed at this meeting?		
☐ Yes **(attach the old school policies and the new revised school policies to this document when sending it to the evaluation team. Proceed to next question below)**	☐ **No. The school has already revised its policies so decided not to do this again at this point** (go to section 6)	☐ **No. We haven't done this** (go to section 6)

The school policies which were revised were related to….	
Behaviour policy	☐
Bullying policy	☐

Rewards and sanctions policy	☐
Pastoral care policy	☐
Inclusion/ SEN policy	☐
E-safety policy or cyber conduct policy	☐
Harassment policy	☐
Safeguarding policy	☐
Drug education policy	☐
Other (specify_____)	☐
Other (specify_____)	☐
Other (specify_____)	☐
Other (specify_____)	☐

What other students (not part of the action group) were involved in revising the *school policies*?

Who will be involved in implementing changes to *school policies*? Identify who is the lead person.

How did staff and students revise *school policies*/ what was the process? For example, consultation, working group, promotion in assemblies etc.

Indicate what actions, if any, related to *school policies* were reported as complete?

SECTION 6: CURRICULUM

Was the Learning Together curriculum discussed at this meeting?	
☐**Yes (proceed to questions below)**	☐No (go to section 7)

What units of the curriculum has the school decided to deliver this year? Note the Unit 1 is not listed here, because this is the core curriculum which all schools must deliver.	
Unit 2: Belonging	☐
Unit 3: What if	☐
Unit 4: Ups and downs	☐
Unit 5: Trust	☐
Unit 6: Expectations	☐

What data sources were used to prioritise what curriculum units will be delivered?	
Needs Assessment survey	☐
School data source (e.g. incident reports, attendance figures etc.)	☐
Other (specify_____)	☐

Which year groups have been targeted to receive the curriculum?

Who is given responsibility to lead implementation of the curriculum? Please provide the names and role of persons.

Which teachers will deliver the curriculum? Please provide names and roles of each teacher.

What actions, if any, related to the curriculum delivery have been completed? For example, audit of current PSHE curriculum, discussions with facilitator, alterations to current curriculum etc.

SECTION 7: PARTICIPATION

Who spoke at the action team meetings? Were they dominated by particular voices (e.g. teachers/students; males/females etc)? Did some people not speak at all?

Were both staff and students contributing to the discussion (circle most appropriate)?		
Mostly Staff ☐	Both staff and students ☐	Mostly students ☐

SECTION 8: TRAINING

Have staff at this school already completed the full 3 day in-depth training?	
☐**Yes (done. You have now completed the form)**	☐No (move to next question)

Has staff been nominated for in-depth training *at this meeting*?	
Yes (provide names and role below) ☐	No (go to next question) ☐
Name	**Role**

Who within the school is responsible for co-ordinating in-depth training? *Leave blank if reported on previous diary form and no changes have been made.*

What dates will this school attend in-depth training (in-depth training delivered over 3 days, so 3 dates should be provided). *Leave blank if reported on previous diary form and no changes have been made.*

SECTION 9: CHANGES TO THE ACTION GROUP MEETING PROCESS

Were there any alterations made to the way the action group meeting took place (see examples below)?	
Yes (go to next question) ☐	No (go to section 7) ☐

Were these alterations/deviations related to….?		
Procedure (e.g. timing, location, chairing, minute taking, etc.)	Describe the alteration _____ _____ _____ _____ _____	Reason for alteration – *Tick all that apply* ☐Logistical (e.g. related to capacity, resource, time etc.) ☐Locally appropriate (e.g. made sense based on culture, environment, and/or participants) ☐Other(specify:_____) ☐Don't know

Participants (e.g. attendees - different year group of students present; different adult group present/not present etc.)	☐	Describe the alteration _____ _____ _____ _____ _____	Reason for alteration – *Tick all that apply* ☐Logistical (e.g. related to capacity, resource, time etc.) ☐Locally appropriate (e.g. made sense based on culture, environment, and/or participants) ☐Other(specify:_____) ☐Don't know
Content (e.g. did not cover key topics/agenda items; discussed unexpected topics etc.)		Describe the alteration _____ _____ _____ _____ _____	Reason for alteration – *Tick all that apply* ☐Logistical (e.g. related to capacity, resource, time etc.) ☐Locally appropriate (e.g. made sense based on culture, environment, and/or participants) ☐Other(specify:_____) ☐Don't know

3.2: Observation guide for action group

Research observation

Action Group Meeting

Please use 'not reported' for sections that were not covered in the action group. Please complete this form independently.

1: GENERAL INFORMATION

Identifying Information
Name of researcher conducting observation
Name of facilitator
Name of school
Date of action group meeting

Meeting Information	
Meeting start time	**Meeting end time**
Who chaired (name, role/position)?	
Who took action points (name, role/position)?	
How many staff attended?	
How many staff members were on the senior leadership team(if known)?	
How many students attended?	

SECTION 2: KEY MEETING MINUTES

Please highlight key minutes only: use point form notes within the space provided.

ACTION PLAN

What was discussed in regards to identifying student needs? That is, the areas of the school which the team will aim to improve (e.g. students don't feel they belong to the school etc)

What was discussed in regards to setting priorities for school level change? That is, changes to school ethos/ practice that the group has decided to implement

What was discussed in regards to revising the existing school policies and rules?

Did the group update and report on actions completed since the last meeting?	
Yes ☐	No ☐

Did the group develop clear actions decided this meeting?	
Yes☐	No☐

What were the actions decided at the meeting? Where possible include any deadline dates; or named people responsible for completing actions

CURRICULUM

Was the Learning Together curriculum discussed at this meeting? What units has the group decided to deliver?; Who is the key person responsible for coordinating delivery of the curriculum?

SECTION 3: PARTICIPATION

Were both staff and students contributing actively to the discussion?		
Mostly Staff ☐	Both staff and students ☐	Mostly students ☐

Were students' views taken seriously by the action group?			
Yes☐	Sort of☐	No☐	Unsure☐

Did the facilitator encourage all to take part?; Did the facilitator give clear information?

Did staff and students seem adequately prepared?

SECTION 4: CHANGES TO THE ACTION GROUP MEETING PROCESS

Were there any alterations made to the way the action group meeting took place (see examples below)?

Yes (go to next question) ☐	No ☐ (you're done)	Unsure (you're done) ☐

Were these alterations/deviations related to….?		
Procedure (e.g. timing, location, chairing, minute taking, etc.)	Describe the alteration _____ _____ _____ _____ _____	Reason for alteration – *Tick all that apply* ☐Logistical (e.g. related to capacity, resource, time etc.) ☐Locally appropriate (e.g. made sense based on culture, environment, and/or participants) ☐Other(specify:_____) ☐Don't know
Participants (e.g. attendees - different year group of students present; different adult group present/not present etc.) ☐	Describe the alteration _____ _____ _____ _____ _____	Reason for alteration – *Tick all that apply* ☐Logistical (e.g. related to capacity, resource, time etc.) ☐Locally appropriate (e.g. made sense based on culture, environment, and/or participants) ☐Other(specify:_____) ☐Don't know
Content (e.g. did not cover key topics/agenda items; discussed unexpected topics etc.)	Describe the alteration _____ _____ _____ _____	Reason for alteration – *Tick all that apply* ☐Logistical (e.g. related to capacity, resource, time etc.) ☐Locally appropriate (e.g. made sense based on culture, environment, and/or participants)

	☐Other(specify:_____)
_____	☐Don’t know

3.3: Survey for action group members (Years 1-2)

- **We are researchers and we want to get your views about your participation on the LEARNING TOGETHER Project's Action Group.**

- **This will only take about 5 - 10 minutes (we promise!) <u>Please fill it all in and be honest</u>.**

- **Your name is not on this questionnaire. <u>This questionnaire is COMPLETELY CONFIDENTIAL</u>. No-one will find out what you write other than the researchers. If you don't want to answer a question, just leave it blank.**

- **Please put a tick (✓) in the boxes provided. If you have made a mistake, put a cross (x) through the box and answer again.**

- **Once you have completed this questionnaire place it in the envelope provided to you and seal the envelope. Give this to the external Learning Together facilitator. The external Learning Together facilitator will not find out what you write.**

1. Are you: Male ☐ Female ☐

2. Which of these best describes your position? Please ✓ one box

Student ☐ → **If a student, which school-year? _____**

Subject teacher ☐

Head of Year ☐

Head of Department ☐

School senior management ☐

Teaching assistant ☐

Learning mentor ☐

Administration staff ☐

Other (write) _____ ☐

3. How many LEARNING TOGETHER Project Action Group meetings have you attended? Please ✓ one box

None ☐

One or two ☐

Three or four ☐

Five or more ☐

4. Did the Action Group include students from a range of different backgrounds or of different academic ability? Please ✓ one box

Yes, a very good range ☐

Yes, quite a good range ☐

No, not a very good range ☐

No, not a good range at all ☐

5. Did the Action Group involve a range of different staff from across the school?

Please ✓ one box

Yes, a very good range ☐

Yes, quite a good range ☐

No, not a very good range ☐

No, not a good range at all ☐

6. Was the needs-assessment report useful in helping the Action Group decide what actions to take? Please ✓ one box

Yes, very useful ☐

Yes, somewhat useful ☐

No, not very useful ☐

No, not useful at all ☐

7. Was the external facilitator useful in ensuring that all Action Group members could have their say? Please ✓ one box

Yes, very useful ☐

Yes, somewhat useful ☐

No, not very useful ☐

No, not useful at all ☐

8. Was the external facilitator useful in helping the Action Group decide what actions to take? Please ✓ one box

Yes, very useful ☐

Yes, somewhat useful ☐

No, not very useful ☐

No, not useful at all ☐

9. Was the external facilitator useful in helping to ensure that actions were actually implemented? Please ✓ one box

Yes, very useful ☐

Yes, somewhat useful ☐

No, not very useful ☐

No, not useful at all ☐

10. Was there someone from this school on the Action Group who co-ordinated it and showed leadership? Please ✓ one box

Yes, definitely true ☐

Yes, partly true ☐

No, not true ☐

11. Do you think the LEARNING TOGETHER Project was a good way to ensure students contribute to decision-making at this school? Please ✓ one box

Yes, very good ☐

Yes, quite good ☐

No, not very good ☐

No, not good at all ☐

12. Overall do you think the Action Group made good decisions about what actions to take? Please ✓ one box

Yes, very good ☐

Yes, quite good ☐

No, not very good ☐

No, not good at all ☐

13. Do you think the Action Group made sure that these actions were implemented?

Please ✓ one box

Yes ☐

No ☐

Not sure ☐

14. Were you involved in revising school rules or policies?

Please ✓ one box

Yes ☐

No ☐

15. Did you spend time before Action Group meetings to prepare?

Please ✓ one box

No time was spent on this ☐

Less than 1 hour ☐

1-2 hours ☐

More than 2 hours ☐

16. Did you spend time after Action Group meetings to follow up

on items? Please ✓ one box

No time was spent on this ☐

Less than 1 hour ☐

1-2 hours ☐

More than 2 hours ☐

17. Please answer the following questions about your experience on the Action Group.

Tick the box for YES if the sentence is true for you and NO if the sentence is not true for you. There are no right or wrong answers.

During Action Group meetings, I felt confident that I could do what was expected.	**YES** ☐	**NO** ☐
I had the power to make a difference to how things were done at Action Group meetings.	**YES** ☐	**NO** ☐
The Action Group's work fit with what I believe in.	**YES** ☐	**NO** ☐
My participation was important to the success of the Action Group.	**YES** ☐	**NO** ☐
Other people on the Action Group made me feel like I was not good enough.	**YES** ☐	**NO** ☐
I actively took part in the tasks undertaken on the Action Group.	**YES** ☐	**NO** ☐
I usually did more work than I had to do on the Action Group.	**YES** ☐	**NO** ☐
I was overwhelmed by all of the work required of the Action Group.	**YES** ☐	**NO** ☐
I worked hard on the Action Group because I wanted to, not because I had to.	**YES** ☐	**NO** ☐
I had a choice in the way I went about doing work on the	**YES**	**NO**

Action Group.	☐	☐
The things I had to do on the Action Group meant a lot to me personally.	**YES** ☐	**NO** ☐
I liked to talk about what I was doing on the Action Group with friends or family.	**YES** ☐	**NO** ☐
I felt nervous about what was expected of me on the Action Group.	**YES** ☐	**NO** ☐
I was able to affect the way things were done on the Action Group.	**YES** ☐	**NO** ☐
I looked forward to the Action Group meetings.	**YES** ☐	**NO** ☐
Those leading the Action Group believed that they must control how I contributed to the Action Group.	**YES** ☐	**NO** ☐
I got positive responses when I expressed my own attitudes and ideas on the Action Group.	**YES** ☐	**NO** ☐
I agree with the things that were done on the Action Group.	**YES** ☐	**NO** ☐
I had the skills needed to contribute to the Action Group.	**YES** ☐	**NO** ☐
My ability to contribute to the Action Group was under my control.	**YES** ☐	**NO** ☐
Those leading the Action Group felt that they were always right.	**YES** ☐	**NO** ☐
I found the Action Group to be exciting and energizing.	**YES**	**NO**

	☐	☐
I found the Action Group to be interesting.	**YES** ☐	**NO** ☐
The things I did on the Action Group were valuable to me.	**YES** ☐	**NO** ☐
The things I learned and did on the Action Group will be helpful for my future.	**YES** ☐	**NO** ☐
This Action Group was one of the first times I felt like I was able to contribute to something important.	**YES** ☐	**NO** ☐
This Action Group taught me how to work well together with others.	**YES** ☐	**NO** ☐
This Action Group helped me better understand some of the problems in my school.	**YES** ☐	**NO** ☐
This Action Group gave me the chance to do something about the problems in my school.	**YES** ☐	**NO** ☐
This Action Group helped me connect with other people in my school to help others.	**YES** ☐	**NO** ☐

That is the end. THANK YOU!

Please return this questionnaire.

3.4: Survey for action group members (Year 3)

We are researchers and we want to get your views about your participation on the LEARNING TOGETHER Project's Action Group.

This is the group you are a part of where students and teachers come together to discuss issues at your school.

This will only take about 5 - 10 minutes (we promise!) Please fill it all in and be honest.

Your name is not on this questionnaire. This questionnaire is COMPLETELY CONFIDENTIAL. No-one will find out what you write other than the researchers. If you don't want to answer a question, just leave it blank.

Please put a tick (✓) in the boxes provided. If you have made a mistake, put a cross (x) through the box and answer again.

Once you have completed this questionnaire place it in the envelope provided to you and seal the envelope. Give this to the external Learning Together facilitator. The external Learning Together facilitator will not find out what you write.

1. Are you: Male ☐ Female ☐

2. Which of these best describes your position? **Please ✓ <u>one</u> box**

Student ☐ → **If a student, which school-year? _____**

Subject teacher ☐

Head of Year ☐

Head of Department ☐

School senior management ☐

Teaching assistant ☐

Learning mentor ☐

Administration staff ☐

Other (write) _____ ☐

3. How many LEARNING TOGETHER Project Action Group meetings have you attended this year? Please ✓ <u>one</u> box

None ☐

One or two ☐

Three or four ☐

Five or more ☐

4. Did the Action Group include students from a range of different backgrounds or of different academic ability this year? Please ✓ <u>one</u> box

Yes, a very good range ☐

Yes, quite a good range ☐

No, not a very good range ☐

No, not a good range at all ☐

5. Did the Action Group involve a range of different staff from across the school this year? Please ✓ one box

Yes, a very good range ☐

Yes, quite a good range ☐

No, not a very good range ☐

No, not a good range at all ☐

6. Was the needs-assessment report useful in helping the Action Group decide what actions to take this year? Please ✓ one box

Yes, very useful ☐

Yes, somewhat useful ☐

No, not very useful ☐

No, not useful at all ☐

7. Was there someone from this school on the Action Group this year who co-ordinated it and showed leadership? Please ✓ one box

Yes, definitely true ☐

Yes, partly true ☐

No, not true ☐

8. Do you think the LEARNING TOGETHER Project was a good way to ensure students contribute to decision-making at this school? Please ✓ one box

Yes, very good ☐

Yes, quite good ☐

No, not very good ☐

No, not good at all ☐

9. Overall do you think the Action Group made good decisions about what actions to take? Please ✓ one box

Yes, very good ☐

Yes, quite good ☐

No, not very good ☐

No, not good at all ☐

10. Do you think the Action Group made sure that these actions were implemented? Please ✓ one box

Yes ☐

No ☐

Not sure ☐

11. Were you involved in revising school rules or policies this year?

Please ✓ one box

Yes ☐

No ☐

12. Did you spend time before Action Group meetings to prepare this year?

Please ✓ one box

No time was spent on this ☐

Less than 1 hour ☐

1-2 hours ☐

More than 2 hours ☐

13. Did you spend time after Action Group meetings to follow up on items this year? Please ✓ one box

No time was spent on this ☐

Less than 1 hour ☐

1-2 hours ☐

More than 2 hours ☐

14. Please answer the following questions about your experience on the Action Group.

Tick the box for YES if the sentence is true for you and NO if the sentence is not true for you. There are no right or wrong answers.

During Action Group meetings, I felt confident that I could do what was expected.	YES ☐	NO ☐
I had the power to make a difference to how things were done at Action Group meetings.	YES ☐	NO ☐
The Action Group's work fit with what I believe in.	YES ☐	NO ☐
My participation was important to the success of the Action Group.	YES ☐	NO ☐
Other people on the Action Group made me feel like I was not good enough.	YES ☐	NO ☐
I actively took part in the tasks undertaken on the Action Group.	YES ☐	NO ☐
I usually did more work than I had to do on the Action Group.	YES ☐	NO ☐

I was overwhelmed by all of the work required of the Action Group.	YES ☐	NO ☐
I worked hard on the Action Group because I wanted to, not because I had to.	YES ☐	NO ☐
I had a choice in the way I went about doing work on the Action Group.	YES ☐	NO ☐
The things I had to do on the Action Group meant a lot to me personally.	YES ☐	NO ☐
I liked to talk about what I was doing on the Action Group with friends or family.	YES ☐	NO ☐
I felt nervous about what was expected of me on the Action Group.	YES ☐	NO ☐
I was able to affect the way things were done on the Action Group.	YES ☐	NO ☐
I looked forward to the Action Group meetings.	YES ☐	NO ☐
Those leading the Action Group believed that they must control how I contributed to the Action Group.	YES ☐	NO ☐
I got positive responses when I expressed my own attitudes and ideas on the Action Group.	YES ☐	NO ☐

I agree with the things that were done on the Action Group.	YES ☐	NO ☐
I had the skills needed to contribute to the Action Group.	YES ☐	NO ☐
My ability to contribute to the Action Group was under my control.	YES ☐	NO ☐
Those leading the Action Group felt that they were always right.	YES ☐	NO ☐
I found the Action Group to be exciting and energizing.	YES ☐	NO ☐
I found the Action Group to be interesting.	YES ☐	NO ☐
The things I did on the Action Group were valuable to me.	YES ☐	NO ☐
The things I learned and did on the Action Group will be helpful for my future.	YES ☐	NO ☐
This Action Group was one of the first times I felt like I was able to contribute to something important.	YES ☐	NO ☐
This Action Group taught me how to work well together with others.	YES ☐	NO ☐
This Action Group helped me better understand some of the problems in my school.	YES	NO

	☐	☐
This Action Group gave me the chance to do something about the problems in my school.	YES ☐	NO ☐
This Action Group helped me connect with other people in my school to help others.	YES ☐	NO ☐

That is the end. THANK YOU!

Please return this questionnaire.

3.5: Staff AGM interview consent form and information sheet

Institute of Education

UCL

Information sheet for teachers

As part of our research we want to find out your experiences of being in the Learning Together trial so far, find out more about your school for our research, and get your views about what else you think could be done to reduce bullying and aggression among young people.

This interview should take about 30 minutes. Everything we talk about will be completely confidential. You will not be identified at any point nor will your school and what you say will be private. Also, if you don't want to answer a particular question, you don't have to and if you feel uncomfortable or find it difficult to talk about things we can stop the interview at any point.

If you're happy to take part, please fill in the consent box below. This information sheet will be kept separately from the questionnaire.

Name .....

I have read the information sheet above.

I understand that I can choose to take part or not.

I understand that I can stop taking part at any time.

<u>I agree to take part in this interview.</u>

Signed ……. Date …….