

## CONSENT FORM

**Study Title:** Flexible Working as a Strategic HR Mechanism: A Qualitative Study of Wellbeing and Job Satisfaction among First-Generation Bangladeshi Finance Professionals in English SMEs

**Principal Researcher:** Nusrat Jahan Jeba

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|                                                                                                                                                                                                                                                                                                       |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| I confirm that I have read and understood the Participant Information Sheet dated for this study. I have had the opportunity to ask questions and have had these answered satisfactorily.                                                                                                             | <input type="checkbox"/> |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study.                                                                                                                                                                                         | <input type="checkbox"/> |
| I understand that my participation is entirely voluntary and that I am free to withdraw:<br>During the interview<br>Within 30 days of the interview<br>Without giving any reason<br>Without any negative consequences<br>By contacting the researcher at email above.                                 | <input type="checkbox"/> |
| I understand that all information I provide will be kept confidential, except where:<br>There is a risk of harm to myself or others<br>There is disclosure of criminal activity<br>Required by law                                                                                                    | <input type="checkbox"/> |
| I understand that:<br>The interview will be audio recorded<br>The recording will be transcribed word-for-word<br>Direct quotes may be used in publications but will be anonymized<br>The audio recording will be deleted after transcription<br>The transcription will be stored securely for 5 years | <input type="checkbox"/> |
| I agree that my anonymised data may be:<br>Used in research outputs (thesis, publications, presentations)<br>Stored securely according to data protection regulations<br>Shared with the research supervision team<br>Archived according to university policy                                         | <input type="checkbox"/> |
| I confirm that I:<br>Am 18 years or older<br>Meet the participant criteria as described in the information sheet<br>Have had sufficient time to consider my participation                                                                                                                             | <input type="checkbox"/> |
| I would like to: (please tick one)                                                                                                                                                                                                                                                                    |                          |
| Receive a summary of the research findings                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| Not receive a summary of the research findings                                                                                                                                                                                                                                                        | <input type="checkbox"/> |

Signature instructions: Please sign and date this form. If participating remotely, you may provide your electronic signature by typing your name and returning the form by email.

|                  |  |                 |                   |
|------------------|--|-----------------|-------------------|
| Participant Name |  | Researcher Name | Nusrat Jahan Jeba |
| Signature        |  | Signature       |                   |
| Date             |  | Date            |                   |