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| --- | --- | --- |
| 1. | I have read and understood the information about the project, as provided in the Information Sheet (dated x) and have been given the opportunity to ask questions about the project and my contribution. All of my questions have been answered satisfactorily. |  |
| 2. | I understand that taking part in this project is voluntary and that I am free to withdraw at any time without giving any reason and that this will not affect my medical care or legal rights in any way. Nor will I be questioned on why I have withdrawn. |  |
| 3. | I understand that my name and any other data that may identify me, will be removed from interview notes and surveys and that I will be known only by a number.  |  |
| 4. | I understand that information from interviews and surveys may be used as extracts in publications but that all data will be made anonymous (that is your name and any information that may identify you will be removed)  |  |
| 5.  | I understand that all of my information will be stored securely and in agreement with the Data Protection Act 1998 (2018) and the General Data Protection Regulation 2018. |  |
| 6. | I understand that my personal, identifiable data will NOT be shared with anyone outside of [insert name/organization] unless we receive information that leads us to believe that your safety or the safety of others may be at risk.  |  |
| 7. | I voluntarily agree to take part in one interview/focus group. |  |
| 8. | I agree to have the interview/focus group recorded. The recording will only be accessible to project staff from [insert name/organization]. |  |

[Project title]

**Consent Form**

Participant identification number:

I, the undersigned, confirm that (please tick box as appropriate):

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Name of interviewee Signature Date

[insert name/organization] **Representative:**

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Name of [insert name/organization] rep Signature Date