



LIVERPOOL JOHN MOORES UNIVERSITY CONSENT FORM – Participants

School/Faculty: Public Health Institute, Faculty of Education, Health & Community

Name and Contact Details and status of the Principal Investigator: Alice Hillis, PhD Researcher (a.hillis@2017.ljmu.ac.uk)

Name and Contact Details of the Investigators: Professor Marie Claire Van Hout, (M.C.VanHout@ljmu.ac.uk); Dr Stephanie Kewley (S.Kewley@ljmu.ac.uk); Dr Conan Leavey (C.Leavey@ljmu.ac.uk)

- 1. I confirm that I have read and understand the information provided for the above study (LJMU Participation Information Sheet NHS template v1 Feb'19 Version 5.0 date: 17/06/2019). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.
- 3. I understand that any personal information collected during the study will be anonymised and remain confidential
- 4. I understand that the interviews will be audio recorded and I am happy to proceed
- 5. I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised
- 6. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from LJMU, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
- 7. I agree to be contacted in the future for ethically approved studies
- 8. I agree to take part in an interview for the above study

Name of Participant	Date	Signature
Name of Researcher	Date	Signature
Name of Person taking consent (if different from researcher)	Date	Signature

Note: When completed 1 copy for participant and 1 copy for researcher.