

## CONSENT FORM

**Title of Project:** **Healthtalkonline – Family Experiences of Disorders of Consciousness**

**Name of Researchers:** **Celia Kitzinger & Jenny Kitzinger**

Please initial  
box

1. I confirm that I have read and understand the information sheet dated \_\_\_\_\_ (version \_\_\_\_\_) for the above study, have had the opportunity to 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 any reasons, without my medical care or legal rights being affected.
3. I understand that relevant data collected during the study may be looked at by individuals from the University of Oxford, for the purpose of audit and monitoring, and where it is relevant to my taking part in this research. I give permission for these individuals to have access to the records of my participation in this research.
4. I agree to take part in the above study.

☐☐☐☐

\_\_\_\_\_  
Name of Participant (**block  
capitals**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature