

## Appendix 9 – Producer participant consent form

**Health Online: Exploring engagement with online resources for diabetes and common mental health issues**



### Consent form

If you would like to take part in the study and have read the information sheet, please tick the applicable statements and sign at the bottom of the form.

All of these statements should be ticked if you are willing to participate:

I confirm that I have read and understand the information sheet for the study. I have had the opportunity to think about the information and ask questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.	
I understand that what I say may be used in future reports, articles or presentations by the researcher.	
I understand that the information I give will be recorded and stored securely.	
I understand and agree that the information from my interview may be made available to other bona fide researchers in the future for further research, but that this would be overseen by the MRC and be in accordance with their strict rules of confidentiality.	

Please tick one of these statements to indicate how far your contributions can be attributed to you:

I understand that my name and the name of the organisation I work for will appear in any reports, articles or presentations.	
I understand that my name will not appear in any reports, articles or presentations and the name of the organisation I work for will appear.	
I understand that both my name and the name of the organisation I work for will not appear in any reports, articles or presentations.	

Please tick this final statement:

I agree to take part in the above study.	
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\_\_\_\_\_  
Name of Participant                      Signature                      Date

\_\_\_\_\_  
Researcher                                      Signature                                      Date