

**Perspectives on enhancing consent and recruitment in Intensive care studies:**

**The PERSPECTIVES Study**

# **Consent form**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Please add initials** | | |
| 1. I confirm that I have read and have understood the information sheet dated [Version 3: 22/05/2018] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily |  | | |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any point without giving any reason, without my rights being affected |  | | |
| 1. I agree to the data being stored at the University of Liverpool and archived for at least ten years after the study | Yes | | No |
| 1. I agree to anonymised data being archived for future use by authenticated researchers | Yes | | No |
| 1. I agree to take part in the above study |  | | |
| 1. I agree to the interview being audio recorded, on the understanding that the recordings will be kept until the end of the study then destroyed. | Yes | No | |
| 1. I agree for brief clips from this interview to be played at presentations about the study and for training purposes. I understand that these brief clips may be used for an indefinite period. | Yes | No | |
| 1. I would like to see a summary of the findings of the study | Yes | No | |

**Researcher:**

Participant Name Date Signature

Researcher Name Date Signature

Please complete this form and return it to the PERSPECTIVES study team, who will then sign the form, and return a completed copy to you.

**The contact details of the lead Researcher are:**

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