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**PARTICIPANT CONSENT FORM (Clinician Interviews)**

**AUTISM DIAGNOSIS AS SOCIAL PROCESS: AN EXPLORATION OF CLINICIANS’ DIAGNOSTIC DECISION-MAKING**

**CONSENT FORM**

**VERSION NUMBER 2 (14/03/2017)**

I have read the Information Sheet Version Number \_\_\_ dated \_\_\_\_ concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

**I know that:** *please circle*

1. My participation in the project is entirely voluntary Yes / No
2. I am free to withdraw from the project at any time without disadvantage Yes / No
3. The interview will be audio recorded and extracts from the transcripts Yes / No

of the audio recording may be published. My anonymity will be preserved.

1. Data (audio recordings) will be retained in secure storage for

5 years in accordance with University of Exeter Data Protection Policy Yes / No

1. The interview will take the form of an open questioning technique Yes / No
2. After the project is finished, the anonymised data will be stored in a Yes / No

repository and may be analysed by other researchers

**I agree to take part in this project.**

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Name of Participant (printed) Date Signature

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Name of Researcher (printed) Date Signature

**This project has been reviewed and approved by the University of Exeter Medical School Research Ethics Committee**

**UEMS REC REFERENCE NUMBER:** Mar17/B/114

**IRAS Project ID:** 220180