**Study title:** Homicide Abuse Learning Together (HALT)

**CONSENT FORM FOR PROFESSIONALS**

**V3, 04.11.2020**

Please read the following statements and **initial** the boxes on the right to indicate your agreement.

|  |  |
| --- | --- |
| I confirm that I have read the participant information sheet v4, 04.11.20 for the HALT study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| I understand my participation is voluntary and I am free to withdraw at any time without giving any reason, without my access to care or legal rights being affected as detailed in the Information sheet. |  |
| I understand the information collected about me will be used to support other research in the future and may be shared with other researchers. |  |
| I agree to my interview being audio recorded *(or video recorded if conducted via Skype/Zoom/Teams)*. |  |
| I understand that my interview will be typed up with all identifying data anonymised and used for analysis. |  |
| I understand that you may use direct quotes from my interview in publications arising from our research, but these will be completely anonymised. |  |
| I agree to be contacted for the next two phases of the research project in order to choose nearer the time whether I wish to participate. |  |
| I would like to receive a copy of a final report about this work. |  |
| I am happy to be contacted by the researchers regarding future work on this topic. |  |
| I agree to participate in this study. |  |

Name of Participant Date Participant Signature

Name of Researcher Date Researcher Signature