

**CONSENT FORM FOR PROJECT PARTICIPANTS**

**Title of Project:** Digital platforms' role in re-skilling healthcare professionals for Covid-19 recovery

**Ref no:** ER/DP254/5

	YES	NO
• I agree to allowing the interview to be audio-recorded.	<input type="checkbox"/>	<input type="checkbox"/>
• I agree to making myself available for a further interview should it be required.	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that I have given my approval for the name(s) of my town/community and place(s) of study/work to be used by the research team. (if <i>No</i> is selected, a pseudonym will be used instead).	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that any information I provide is confidential, and that no information that I disclose will lead to the identification of any individual in the reports on the project, either by the researcher or by any other party.	<input type="checkbox"/>	<input type="checkbox"/>
• I have read the information sheet, had the opportunity to ask questions and I understand the principles, procedures and possible risks involved.	<input type="checkbox"/>	<input type="checkbox"/>
• I consent to the processing of my personal information and data for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the General Data Protection Regulation (GDPR) 2016.	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that my participation is voluntary, that I can choose not to participate in part or all of the interview, and that I can withdraw at any stage without being penalised or disadvantaged in any way.	<input type="checkbox"/>	<input type="checkbox"/>
• I agree to take part in the above University of Sussex research project.	<input type="checkbox"/>	<input type="checkbox"/>

Name:

Signature

Date: