

Consent Form (electronic)

Full project title: What does research impact mean to participants? Interview study to explore participants' views on the impacts of healthcare research

Name of Principal Investigator: Dr Lisa Newington

Study protocol number: 1.0 (02/06/2021)

Please type your initials in each box and choose a response where asked

1. I confirm that I have read and understand the participant information sheet version 1.0 (17/06/21) for the above study, and have had the opportunity to ask questions which have been answered fully.	Please initial: <input type="text"/>
2. I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my legal rights being affected. I can also request for my interview to be removed from the study with 14 days of completion if I no longer want to be included.	Please initial: <input type="text"/>
3. I understand that the interview will be audio recorded. I give permission for this recording to take place. I understand that the recording will be deleted once it has been transcribed.	Please initial: <input type="text"/>
4. I understand that anonymous quotes from my interview may be used in the study reports and publications, but it will not be possible to identify me from this text.	Please initial: <input type="text"/>
5. I consent to take part in this study. (Title: What does research impact mean to participants? Interview study to explore participants' views on the impacts of healthcare research)	Please initial: <input type="text"/>
6. <i>Please select one option:</i> <input type="checkbox"/> I would like to receive a copy of my interview transcript. <input type="checkbox"/> I do not want to receive a copy of my interview transcript.	Please initial: <input type="text"/>
7. <i>Please select one option:</i> <input type="checkbox"/> I would like to review and provide feedback on the initial anonymised results. <input type="checkbox"/> I do not want to review the initial anonymised results.	Please initial: <input type="text"/>
8. <i>Please select one option:</i> <input type="checkbox"/> I would like to be contacted about the next stage of this research, which involves developing a framework to record research impacts. <input type="checkbox"/> I do not want to be contacted about the next stage of this research.	Please initial: <input type="text"/>
9. <i>Please select one option:</i> <input type="checkbox"/> I give consent to be contacted about the opportunity to take part in other research studies. <input type="checkbox"/> I do not give consent to be contacted about other research studies.	Please initial: <input type="text"/>

Please continue to the next page...

<p>10. Please select one option:</p> <p><input type="checkbox"/> I give consent for information collected about me to be used to support other research in the future, including those outside of the European Economic Area (EEA).</p> <p><input type="checkbox"/> I do not give consent for information collected about me to be used to support other research in the future.</p>	<p>Please initial:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>11. Please select one option:</p> <p><input type="checkbox"/> I would like to be notified of the final findings from this study.</p> <p><input type="checkbox"/> I do not want to be notified of the final findings from this study.</p>	<p>Please initial:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of participant

Electronic signature (or type initials)

Date

Name of principal investigator
(and person taking consent)

Electronic signature/initials

Date

A countersigned copy of this form will be returned to you for your records.

