

**Committee on Research Ethics**

**PARTICIPANT CONSENT FORM**

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| --- | --- | --- |
| **Research Project: Maternal Drinking Focus Groups** |  | **Please initial box** |
| **Researcher(s): TBA** |  |
| 1. I confirm that I have read and have understood the Participant Information sheet for the study: **Maternal Drinking Focus Groups**. I have had the opportunity to consider the information, ask questions (abirose@liv.ac.uk) and have had these answered satisfactorily. | | |  | | --- | |  | |
| 1. I understand that my participation is voluntary and that I am free to withdraw from the focus group at any time without giving any reason, without my rights being affected. Should I not wish to answer/contribute to a particular question or topic, I do not have to. 2. I understand that the focus group will be video recorded for data collection, and that once the data is taken from the recording all audio/visual footage will be destroyed. 3. I understand that my data is anonymous (it cannot be traced back to me), and may be published (e.g. in a journal article) or presented (e.g. at a conference). 4. I confirm that I am at least 18 years old and that I am a fluent English speaker 5. I confirm that I am (please tick all that apply) 6. Pregnant 7. A mother of children under 5 years of age 8. A midwife 9. A obstetric clinician 10. A health visitor 11. A GP 12. An alcohol service health worker 13. I agree to take part in the above study | | |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  | |  | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  |  |  | | --- | |  | |

Researcher copy / Participant copy (delete as appropriate)

**Participant signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Focus Group site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Investigator: Dr Abi Rose**

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