**CONSENT FORM FOR INDIVIDUAL PRACTITIONERS**

STUDY TITLE: The Relations Study

CHIEF INVESTIGATOR: Professor Anne Whittaker, University of Stirling

IRAS ID: 279078

PARTICIPANT UNIQUE ID:

**If you have decided to take part in this study, please read and sign this consent form.**

**Please tick each box if you agree**

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| --- | --- |
| 1. I confirm that I have read and understood the information sheet, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_, version \_\_\_\_\_\_\_\_, for the above study. I have had the chance to ask questions and I am satisfied with the answers given. |  |
| 1. I understand that my involvement in the study is voluntary and that I am free to withdraw at any time, and without giving any reason. |  |
| 1. I agree to take part in the study as described in the information sheet. |  |
| 1. I understand my research interview(s) and/or focus group(s) will be confidential and my identity will not be revealed in any research report. |  |
| 1. I give permission for my interview(s) and/or focus group(s) to be audio-recorded and transcribed by a professional transcription service contracted by the University. |  |
| 1. I give permission for my pseudo-anonymised research data to be used in future ethically approved studies. |  |
| 1. I agree to take part in the above study. |  |

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**Name of Participant Date Signature**

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**Name of person taking consent Date Signature**

1x copy for participant; 1x copy for research team records