

**Participant INTERVIEW Consent Form [PATIENT]**

**Study title:** Living with type 2 diabetes and cardiovascular disease. A qualitative study of patient and healthcare professional perspectives

**Principal Investigator**: Jessica Brown

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**If you are happy to participate, please complete and sign the consent form below**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | ***Please tick*** | |
|  | I confirm that I have read the information sheet dated 10.02.2023 (version 1) for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily |  | |
|  | I understand what taking part in the study involves |  | |
|  | I consent voluntarily to be a participant in the interview stage of the investigation and understand that I can refuse to answer questions, withdraw from the study at any time before analysis, without giving a reason and without penalty or my legal rights being affected |  | |
|  | I have been advised about potential risks associated with taking part in this study and have taken these into consideration before consenting to participate |  | |
|  | To the best of my knowledge, I do not meet any of the exclusion criteria outlined in the information sheet for this research. If this changes at a later date during study participation, I agree to notify the researchers immediately |  | |
|  | I have chosen either to take part in the present investigation either face to face at my local GP surgery or on MS teams | GP surgery | MS teams |
|  | I understand that the study involves taking audio recordings. I understand that I will not be able to participate in the study if I later decide not to be audio recorded. |  | |
|  | I have chosen to take part in a focus group after completing the one-to-one interview | YES | NO |
|  | I give permission for the anonymised (all non-personal data) transcripts (text based information from the interviews/focus groups) that I provided to be deposited in a data sharing Archive so it can be used for future research and learning purposes (If I do not consent to this aspect it doesn’t affect my consent to participate). | YES | NO |
|  | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. |  | |
|  | I understand that my information may be subject to review by responsible individuals from Liverpool John Moores University for monitoring and audit purposes |  | |
|  | I agree for my contact details to be stored for the purpose of contacting me about future studies and I understand that agreeing to be contacted does not oblige me to participate in any further studies | YES | NO |
|  | I understand that parts of our conversation will be used verbatim in future publications or presentations and that all efforts will be made to ensure I cannot be identified in reports or any further outputs |  | |
|  | I would like to inform my GP / GP practice know I have taken part in the present study |  | |

**Data Protection**. Any personal information we collect and use to conduct this study will be processed in accordance with data protection law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](https://www.ljmu.ac.uk/legal/privacy-and-cookies/external-stakeholders-privacy-policy/research-participants-privacy-notice).

Name of Participant Date Signature

For participants unable to sign their name, mark the box instead of signing

I have witnessed the accurate reading of the consent form with the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely

Name of Investigator Date Signature

Name of Person taking consent Date Signature

*(if different from investigator)*

**Original consent form to be kept in study files and a copy to be given to participant.**