**Consent Form: Healthcare Professional  
Ethnography Consent form**

| ***Please tick the appropriate boxes*** | **Yes** | **No** |
| --- | --- | --- |
| **Taking Part in the Project** |  |  |
| I have read and understood the project information sheet dated 16/01/2024 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) |  |  |
| I have been given the opportunity to ask questions about the project. |  |  |
| I agree to take part in the project. |  |  |
| I understand that a researcher will be observing the NHS service and the consultations, meetings and interactions I have with patient X. |  |  |
| I agree that what is discussed in these meetings and consultations will be recorded by the researcher as fieldnotes. |  |  |
| I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield. |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. |  |  |
| **How my information will be used during and after the project** |  |  |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs |  |  |
| I understand that my contributions to the discussion are confidential. However, I am aware that if I reveal something that leads a member of the research team to believe that I or someone else is at risk of harm, they will have to pass this on to the University safeguarding lead (who may follow up with the NHS Safeguarding Team). I will be informed if this happens. |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. These researchers are not involved in the healthcare settings that I work in. |  |  |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. |  |  |
| I give permission for the research team to keep my name and email for two years after the project so that we can contact you about future research. This is optional. |  |  |
| I give permission for the data that I provide to be deposited in The University of Sheffield’s data repository (ORDA) and the UK data service andso it can be used for future research and learning. |  |  |

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| --- | --- | --- |
| Name of participant [printed] | Signature | Date |
|  |  |  |
| Name of Researcher [printed] | Signature | Date |
|  |  |  |

**Project contact details for further information:**

If you feel something has gone wrong or would like to raise an issue/complaint, you are advised to make contact with the Chief Investigator or Co-Investigator of Humanising Healthcare:

[Information redacted]

**If you have a complaint about this study or any safeguarding concerns, please contact:**

[Information redacted]