**Humanising Healthcare**

**Title: Full Version Consent Form for participants with learning disabilities**

| ***Please tick the appropriate boxes*** | **Yes** | **No** |
| --- | --- | --- |
| **Taking Part in the Project** |  |  |
| I have read and understood the project Participant 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 taking part in the project will include participating in an interview that is being audio recorded. I understand that taking part in the project will include allowing the researcher to observe my meetings with medical professionals. |  |  |
| 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 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 any way with my healthcare. |  |  |
| 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 my interview transcript to be deposited in the UK Data Service and ORDA so it can be used for future research and learning |  |  |

| Please sign below |  |  |
| --- | --- | --- |
| Name of participant [printed] | Signature | Date |
|  |  |  |
| Name of Researcher [printed] | Signature | Date |
|  |  |  |

[Information redacted]

**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]