**Humanising Healthcare**

**Title: Easy Read Consent Form for parent, carer, friend and other significant others**



**Website:**

[**https://esrchumanisinghealthcare.wordpress.com**](https://esrchumanisinghealthcare.wordpress.com) **Twitter: @esrchumanhealth**

| **BSL-Understand_medium.png** | I have read and understood the Information Sheet dated 16/01/2024 or the project has been fully explained to me. |
| --- | --- |
|  | I agree to take part in the project. |
|  | I understand that taking part means allowing the researcher to watch my relative’s or friend’s NHS service meetings. |

|  | I understand that taking part in the research means taking part in an interview with the researcher. |
| --- | --- |
|  | I agree that the researcher will be taking notes when they watch my relative’s or friend’s  NHS Service meetings. I understand that the researcher will audio-record our interviews. |
| **Idea2_medium.png** | I understand that I can leave the research at any time. I do not have to give the researcher a notice. I understand that I do not have to give the researcher any reasons for why I want to leave. I understand that there will be no bad consequences if I choose to leave. |

|  | I understand that people outside the project will not find out my personal details. Personal details are information such as my name, phone number, address and email address etc. |
| --- | --- |
|  | I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that these publications will not mention my name. |
|  | I understand that choosing to participate in this research, does not create a legally binding agreement. Nor does it create an employment relationship with the University of Sheffield or University of Plymouth. |

| https://cdn.shopify.com/s/files/1/0606/1553/products/Research-Presentation-2_large.png?v=1417856426 | Verbal consent (written) |
| --- | --- |
|  | Yes I agree to be involved |
|  | No I don’t want to involved |
| **Signature_medium.png** | Signed:  Print name:  Date: |
|  | [Information redacted] |
|  | [Information redacted] |
|  | [Information redacted] |