**Participant Consent Form – Interview**

Title of the research project: **CONNECTED COMMUNITIES | Implementation of person-centred community-based support services, and lessons for social care providers.**

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|  | **Please initial box**  **if in agreement** | |
| 1. I confirm that I have read and understood the information sheet [V1.2, 09.01.2023] 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. | |  |
| 1. I understand that taking part in the study involves participating in either an audio recorded face-to-face interview or video recorded online interview and I consent to use of these recordings for transcription and analysis. | |  |
| 1. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any questions. | |  |
| 1. I understand that if I withdraw from this study, I can ask for access to the information I provide and can request the destruction of that information at any time prior to anonymisation (within 1 week). I also understand that following anonymisation I will no longer be able to request access to or withdrawal of the information I provide. | |  |
| 1. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Central Lancashire. | |  |
| 1. I understand that signed consent forms will be retained in a password protected folder in the study’s Microsoft Teams space. Original audio or video recordings will be retained until anonymisation (within 1 week) and then deleted. Only the research and transcription team will have access to the data until the data is destroyed after 7 years. | |  |
| 1. I understand that there may be circumstances in which confidential information may need to be disclosed if information I have shared suggests a risk to myself or others. | |  |
| 1. I understand that quotes from the data may be included in materials published from the study and that I will not be able to be identified by their use. | |  |
| 1. I understand that the data collected during the study may be looked at by members of the research team, the NHS Trust or regulatory authorities where it is relevant to my taking part in the research. I give permission for these individuals to have access to the data collected. | |  |
| 1. I understand that my risk of exposure to COVID-19 may be increased if I choose to take part in a face-to-face interview. | |  |
| 1. I agree to take part in the above study. | |  |
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| 1. I would like to receive a copy of the study findings, to be sent to my email address (please indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

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Participant name Date Signature

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Name of person taking consent Date Signature

**Completed consent form filing instructions:**  
 Copy provided to participant

Paper copy scanned, then shredded

Electronic copy uploaded to secure storage