



## Health Care Professionals Consent Form

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**Title of Project:** Parents' experiences of difficult neonatal decision making

1. I have been informed of and understand the purposes of the study.....
2. I have been given the opportunity to ask questions.....
3. I understand that I can withdraw from the study at any time for any reason.....
4. I understand that any information which might potentially identify me will not be used in published material.....
5. I understand that any recordings I am given are for personal use only, and I agree not to upload any recording onto any external devices, including social networking sites, or copy them without the permission of the research team..
6. I agree to participate in the study as outlined to me.....

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature