



Parent(s) Consent Form

Research team contacts:

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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 would like to receive a copy of my recorded conversations on an MP3 player

6. 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.

7. I agree to participate in the study as outlined to me.....

8. I agree to have my conversations video recorded / I agree to have my conversation audio recorded only (*please delete as appropriate*)

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature