## Consent Form for Participation in Service User Interviews UCLP-PRIMROSE: Qualitative study

Par	ticipant Identification Number:	
Res	earcher:	Please Initial
1.	I have read and understood the study information sheet (version 4.0, 06/05/22)	
2.	I have had the opportunity to ask questions about the study.	
3.	I understand that my participation is voluntary and that I can withdraw at any time, without giving any reason, without my care or treatment being affected.	
4.	I understand that members of my GP practice involved in providing UCLP-PRIMROSE may know a researcher has asked me about taking part in the study and that anything I tell researchers will remain confidential unless it raises significant concerns about my own or someone else's safety.	
5.	I understand that relevant sections of data collected during the study, may be looked at by individuals from UCL and/or Bradford Institute for Health Research, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
6.	I consent to the interview being audio recorded.	
7.	I consent to the audio recording of the interview being copied to an electronic database, and to the written and electronic data being stored securely at University College London and/or Bradford Institute for Health Research.	
8.	I consent to the audio recording being sent to a professional transcription company to be transcribed, but understand that none of my contact details will be included, and that the company adheres to a clear data protection policy.	
9.	I understand that anonymised information may be presented at conferences or study reports and publications	
10	. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers	
11	I understand that I will be given a £20 gift (bank transfer or gift voucher) as a thank you for taking part in the study.	
12	. I agree to take part in the study.	







Preferred contact details					
Name	:				
Addre	ess:				
Phone	e number(s):				
E-mai	l address:				
l wou	ld like a copy of a report with	n the study findings w	hen the study is over:		
	Yes				
	No				
If you	would like a copy of the rep	ort, how would you lil	ke this sent to you?		
	Online digital copy, accessed by a link sent by email				
	Digital PDF copy sent by email				
	Paper copy posted to my home address				
Signe	d:				
Name of participant		Date	Signature		
Name of researcher		 Date	Signature		







## **About you**

Partio	cipant Identification Number:					
1.	What is your age?	2.	I identify my gender as			
			Man			
			Woman			
			Transgender			
		닏	Non-binary			
		님	Prefer not to say			
			Other:			
3.	Please choose one option that	t best d	escribes your ethnic group or background:			
Whi	te					
	1. English / Welsh / Scottish / Northern Irish / British					
	2. Irish					
	3. Gypsy or Irish Traveller					
	4. Any other White backgroun	d, please	e describe			
Mixe	ed / Multiple ethnic groups					
	5. White and Black Caribbean					
	6. White and Black African					
	7. White and Asian					
	8. Any other Mixed / Multiple ethnic background, please describe					
Asia	n / Asian British					
	9. Indian					
	10. Pakistani					
	11. Bangladeshi					
	12. Chinese					
	13. Any other Asian backgrour	nd <i>, pleas</i>	e describe			
Blac	k / African / Caribbean / Black E	British				
	14. African					
	15. Caribbean					
	16. Any other Black / African /	Caribbe	an background. <i>please describe</i>			







Othe	Other ethnic group				
	17. Arab				
	18. Any other ethnic group, please describe				
4. When writing up research findings we sometimes use pseudonyms (an almame to put with your quotes so you cannot be identified). If we use pseudonymat would you like to be called? (If you leave this question blank, we wire randomly allocate you a pseudonym)					





