# School of Healthcare Studies

**Participant Consent Form**

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| --- | --- |
| **Study Title: Cystic Fibrosis and the gut: what adults would tell their younger selves**  Study ID No.: 218231 Name of Centre: SJUH | Add your initials next to the statement if you agree |
| I confirm that I have read and understood the participant information sheet (version 1.2, dated 28.03.2017) explaining the above research study. |  |
| I have had the opportunity to consider the information, ask questions and discuss this study. I have received satisfactory answers to all of my questions. |  |
| I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason and without there being any negative consequences. If I withdraw, all identifiable data obtained from me, may be withdrawn if I wish. I understand that if the data has already been anonymised and is no longer identifiable as mine, that it cannot be removed and will be used. |  |
| I understand that my interview will be audio-recorded. |  |
| I understand that any information I provide, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study.  I am aware that if I were to disclose abuse, potential harm to others or malpractice among health professionals, this would need to be followed up by Laurie Cave, who would discuss it with her supervisor in the first instance. |  |
| I understand that any information I give, including direct quotations from me, may be included in published documents but all information will be anonymised. |  |
| I understand that anonymised interview transcripts may be archived at the University of Leeds Research Data Repository (Research Data Leeds) so they may be shared and reused. |  |
| I understand that data collected during the study may be looked at for audit or inspection by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this study. I give permission for these individuals to have access to my data. |  |
| I understand that I have the option of receiving a summary of the study findings by post or email and that I may provide feedback on the findings if I wish. |  |
| I agree to take part in this study. |  |

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| Name of participant |  |
| Participant’s signature |  |
| Date |  |
| Name of researcher taking consent |  |
| Signature |  |
| Date\* |  |

*\*Two copies to be signed and dated in the presence of the participant.*

*When completed: participant to receive one copy of the signed and dated consent form and the participant information sheet.*

*A copy should be kept in the researcher file and stored securely at the University of Leeds.*

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| *Project title* | *Document type* | *Version #* | *Date* |
| CF and the gut: what adults would tell their younger selves | Consent Form | 1.2 | 28/03/2017 |

**Thank you for agreeing to take part in this study**