



CONSENT FORM

The Convene Study

Participant Identification Number for this trial: \_\_\_\_\_

Names of researchers: Jayne Wagstaff, Dr Louise Bryant, Dr Shenaz Ahmed	Please put your initials in each box
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- 1. I confirm that I have read the information sheet dated..... (Version.....) for the above study. I have had the opportunity to think about the information and ask questions. If I asked questions these have been answered to my satisfaction.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. If I withdraw then any video and/or audio will be destroyed.
- 3. I understand that video and/or audio data collected during the study may be viewed by researchers from the University of Leeds, Loughborough University, or during NHS inspections at Leeds Teaching Hospitals Trust. I give permission for these individuals to have access to my records.
- 4. I understand that the anonymised video and/or audio recordings (faces and voices disguised) may be used to support other research in the future, and may be shared anonymously with other researchers.
- 5. **OPTIONAL:** I give permission for the anonymised **video** recordings(faces and voices disguised) to be used in training workshops attended by midwives, NHS managers, and researchers (no recordings will be shared on social media).
- 6. **OPTIONAL:** I give permission for the anonymised **audio** recordings (voices disguised) to be used in training workshops attended by midwives, NHS managers, and researchers (no recordings will be shared on social media).
- 7. I understand that the video and /or audio recordings will be held and maintained by The University of Leeds in accordance with their data protection guidelines.
- 8. I agree to take part in this study.

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature



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