



Evaluation of the EOLAS Online Programme

Consent Form – Interviews only

If you decide to take part in an interview we will send you an online version of this consent form.

There are two sections in this consent form. Each section has a statement and asks you to indicate if you agree with the statement (yes/no). On the next page, you are asked to sign the form to indicate your consent. The end of this form is for the researchers to complete.

Please ask any questions you may have when reading each of the statements.

Part 1: General Understanding

I confirm I have read and understood the Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction. Yes No

I understand that this study is entirely voluntary, and if I decide that I do not want to take part, I can stop taking part in this study at any time without giving a reason. Yes No

I understand that there are no direct benefits to me from participating in this study. Yes No

I understand that I will not be paid for taking part in this study. Yes No

I know how to contact the research team if I need to. Yes No

I understand that the transcript will not identify me by name but will use a study code and that the original digital recording will be erased once the accuracy of the transcript has been confirmed. I understand that I will be given an opportunity to review transcript of my interview to confirm accuracy Yes No

I understand that I can stop taking part in this study and can leave the study at any time up to the commencement of data analysis without giving a reason and this will not affect my future medical care. Yes No

Part 2: Consent

I agree that my contact details can be kept to arrange the interview, and that I can be contacted by researchers by email or phone to conduct the interview. Yes No

I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. having been fully informed of the risks, benefits and alternatives which are set out in full in the information leaflet which I have been provided with. Yes No



I agree that the information I provide in the interview (personal data) can be used for this study Yes No

Please Sign the Consent Form

Participant Name: _____

Signature: _____

Date: _____

To be completed by the Principal Investigator.

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the information leaflet and consent form to the participant with contacts of the study team

Researcher's Name: _____

Title and Qualifications: _____

Signature: _____

Date: _____

One signed copy to be given to the participant