**Title:**

**Consent Form for Interviews**

Thank you for reading the information sheet about the interview. If you are happy to participate then please complete and sign the form below. Please initial the boxes below to confirm that you agree with each statement:

|  |  |
| --- | --- |
|  | ***Please Initial box:*** |
| I confirm that I have read and understood the information sheet dated **[ ]**. |  |
| I understand that my participation is voluntary. |  |
| I understand that my responses will be kept strictly confidential. I understand that my name will not be linked with the research materials, and will not be identified or identifiable in the report or reports that result from the research. |  |
| I agree for this interview to be tape-recorded. I understand that the audio recording made of this interview will be used only for analysis and that extracts from the interview. |  |
|  |  |
| I agree to take part in this interview. |  |

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Name of participant Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Date Signature

**Copies**: *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form.*