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Best Emollient for Eczema (BEE) Study

Participant Consent Form for Interview Study

Please initial box I confirm that I have read and understood the Participant Information Sheet relating to this part of the BEE study ("Interview Study", dated 03.11.17, Version I have had the opportunity to ask questions about the study and received

	satisfactory answers to my questions.			
3.	I understand that participation is voluntary and that we are free to withdraw at any time without giving any reason, without my child's medical care or legal rights being affected.			
4.	I understand that relevant sections of my child's medical notes and all information collected for this research may be reviewed by the study team, from regulatory authorities or from the NHS Trust for the purpose of ensuring that the research is conducted appropriately. I give permission for these individuals to access my child's records as appropriate.			
5.	I give consent for the data collected in this trial to be used in future ethically approved studies on the understanding that all information will continue to be kept securely and remain confidential.			
6.	I understand that after the study ends, the data collected will be stored on an online database held by the University of Bristol, with access restricted to legitimate researchers. I understand that the anonymised data may be used for further analysis by researchers from other Universities and it will not be possible to identify me from these data.			
7.	I agree to take part in this study, which involves the audio-recording of an interview using an encrypted digital voice recorder.			
8.	I understand that the interview recording and notes from the researcher's observations will be stored on a secure computer at the University of Bristol and analysed by the research team, now and in the future.			
9.	I understand that all information will remain strictly confidential and that I will be anonymous in any written reports from the research.			
Name of Participant (Child) Participant ID		Participant ID	-	
Name of Parent/Guardian		Signature	Date	-
N	ame of person receiving consent	Signature	Date	-

