





**Title of Project: Timing of Stoma Closure in Neonates (ToSCiN)**

For online focus groups: please complete the consent form and return to the researcher before the scheduled focus group. Thank you.

For interviews only: **I will read 6 statements to you in order to obtain your consent for the study. Please answer yes or no to each statement. I will then complete the form and send you a copy for your records. Is that ok? (Researcher tick (✓) AND initial when participant says yes; if they do not agree leave blank). Is it ok with you if I audio record this consent taking for our records?**

**If Yes**, continue. **If No**, explain that we will not be able to proceed with the interview without recorded consent. (Thank the participant for their time – interview end)

	Tick	Initial
1. I confirm that I have read and understood the information sheet (v2.0, 03 December 2020) for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	<input type="checkbox"/>	<input type="text"/>
2. I agree to take part in an interview or focus group.	<input type="checkbox"/>	<input type="text"/>
3. I agree to the interview/focus group being audio recorded.	<input type="checkbox"/>	<input type="text"/>
4. I understand that my participation is voluntary and that I am free to withdraw from the ToSCiN study at any time, without giving a reason.	<input type="checkbox"/>	<input type="text"/>
5. I understand that brief quotations from some interviews/focus groups may be included in study reports. I understand that nobody will be able to identify me in these reports.	<input type="checkbox"/>	<input type="text"/>
6. I agree to data from my interview being stored by the study team for up to 10 years after the end of this study for checking purposes. I understand that these will be stored securely in compliance with the Data Protection Act 2018.	<input type="checkbox"/>	<input type="text"/>

Participant Full Name:  Participant Signature:  DD / MM / YY

**To be completed by Researcher once the participant has provided consent:**

Researcher Full Name:  Researcher Signature:  DD / MM / YY

When completed, 1 (original) to be kept on record at the University of Liverpool, 1 copy to be sent to the participant after the interview

This study is funded by the National Institute for Health Research (NIHR) Health Technology Assessment Programme (project reference NIHR 128617). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

