

VOCAL RESEARCH STUDY CONSENT FORM

Please initial all the boxes and give this form back to the person who gave it to you. If you don't feel able to initial all the boxes, or if you change your mind at any point, you can choose not to take part in the study. Whether you take part or not, this will not affect your care in any way.

	Initial
I have read the information sheet Version 5 dated 17 August 2016 and asked any questions I want.	
I understand that the VOCAL study is being conducted by researchers from Barts and the London School of Medicine and Dentistry, University of Oxford and Barts Health NHS Trust.	
I understand that the research will include the following: <ul style="list-style-type: none"> The researcher will video one of my consultations in my home. The researcher will interview me and ask how I feel about the consultations via Skype 	
I give permission for my consultation to be video recorded	
I am happy for sections of my consultation video to be presented (e.g. conference presentations) so long as my name isn't mentioned and my face is not visible	
I am happy for sections of my consultation video to be presented (e.g. conference presentations) with my face made visible, so long as my name isn't mentioned.	
I am happy for sections of my consultation video to be presented on online publications so long as my name isn't mentioned and my face is not visible	
I am happy for sections of my consultation video to be presented on online publications with my face made visible, so long as my name isn't mentioned	
I give permission for my interview to be audio recorded	
I am happy to be quoted (for example, when the research is published) so long as all identifying information will be removed.	
I understand that if I change my mind about this research, I can say so at any time and the data will be erased and not used further and the research team will no longer contact me.	
I understand that the researcher may want to view selected parts of my medical or nursing record.	
I agree to participate in the study.	
I give permission for direct quotations to be used in reports and publications as long as all identifying information will be removed.	
I understand that all information I give will be confidential and held securely in strictest confidence.	
I am happy for the research team to contact my GP about my participation in this study.	
This section is to be completed after the consultation	Initial
After completing the Skype consultation, I am still willing for the video material to be used in the research.	

Participant's Name (capitals) _____ Signed _____

Researcher signature _____ Date _____