



# CASPER Plus Participant Interview Consent Form

**Contact Name:  
Contact  
Details:**



**Please initial each  
box**

- 1. I confirm that I have read and understand the information sheet [v2.1 10Oct12] for this study and have had the opportunity to ask questions.
- 2. I understand that my participation in a short interview for this study is voluntary and I am free to withdraw at any time without giving any reason.
- 3. I understand that the interview will be recorded on a digital voice recorder and the sound file will be stored on a secure computer at the University of York.
- 4. I understand that the interview will be strictly confidential and I will be anonymous in any written reports from the research.
- 5. I understand that anonymous written quotations from the interview(s) and observations may be used in presentations and in teaching.
- 6. I understand that my details (e.g. name, practice, address) will be strictly confidential, stored securely at the University of York and will not be passed on to any individual within or outside the University.
- 7. I agree to take part in the above study by taking part in the interview.

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Name of Participant (print)

Date

Signature