

**Service Number:**

**Participant Study Number:**

## Staff Consent Form

**Title of Project: Understanding patient experiences of out-of-hours primary care:  
Staff interviews**

**Please initial box**

7. I confirm that I have read and understood the information sheet dated 07.09.2012 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.
8. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
9. I agree to this interview being recorded.
10. I understand that quotes from the interview may be reproduced in reports and papers, but that my identity will be kept anonymous.
11. I understand that data collected during the study may be looked at by individuals from Peninsula Medical School, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
12. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature