

Name of researcher taking consent: .....

**Name of participant:**

.....

- Please put your initials in the column provided beside each statement to show that you agree with the statement and give consent
- Please sign and date this form overleaf to show you give consent to all initialled statements

Statement	Initials
I confirm that I have read and understand the information sheet (version 1) for the above study. I have had the opportunity to consider the information and to ask questions and I have had these answered satisfactorily.	
I understand that my taking part is voluntary, and that I can stop participating at any time, without giving a reason.	
I have been told that notes will be taken during the observations of meetings about the use of evidence indecision-making and that these will be written up, analysed and securely stored at Teesside University for ten years after the end of the project, then destroyed.	
I understand that any information collected will be stored under secure conditions within the University and that only members of the research team will see my data. I give permission for these people to see this research data.	
I am aware that no direct quotations from the observation of meetings will be used in reports, academic publications and conference presentations.	
I consent to take part in this research project.	
I would like to receive a summary copy of the research results	
I understand that I will be given a copy of this signed consent form.	

I consent to take part:

Participant Name:

Signature:

Date:

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TO BE COMPLETED BY RESEARCHER on attendance at the meeting:

I can confirm that I have explained to the above-named participant the nature of this study, and I have given adequate time for any questions to be asked and answered regarding the study.

Signed ..... Date

.....

Name (in capitals) .....

Post

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