



Site code:
Data collection point:
Researcher ID:
Contact details of researcher: Dr Joyce Wilkinson, Research Fellow, School of Healthcare Sciences, Bangor University. Email XXXX Phone: XXXX

PARTICIPANT CONSENT FORM

Evaluating CLAHRCs Impact & Processes (ECLIPS study)

Research Ethics Committee number 11/YH/0155

Please read the following and initial the appropriate box.

- 1. I confirm that I have read and understand the participant information sheet dated 13 04 11 (v2) for the above study. I have had an opportunity to consider this information, ask questions and have had these answered satisfactorily.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and with no detrimental effect.
- 3. Interview: I agree to a take part in a face to face or telephone interview and I agree to the interview being recorded and transcribed for the purposes of analysis.
- 4. Observation: I agree to take part in an observed meeting in the CLAHRC where the researchers will record observations about collaboration processes in note format.
- 5. I agree to the use of anonymous quotes in feedback to the CLAHRC or funders, in written reports, conference presentations and/or publications in professional or academic journals.
- 6. I understand and agree that data will be anonymised and stored on a secure computer and that anonymised data may be used again in the future.
- 7. I understand that relevant sections of data collected during the study may be looked at by individuals from Bangor University, 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.

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Name of participant	Date	Signature
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Name of researcher	Date	Signature