

Service Evaluation Consent Form

<Insert name of project here>

- Please read the information sheet before completing this consent form.
- Take your time to think about whether you want to take part.
- Ask any questions and make sure you are satisfied that these have been answered before deciding whether you are willing to take part.

- | | Please
Initial |
|--|---------------------------|
| 1. I confirm that I have read the information sheet dated <Version Date> version <Version Number> for the above service evaluation. | <input type="checkbox"/> |
| 2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. | <input type="checkbox"/> |
| 4. I understand that the interview will be audio recorded. <i>(delete if not applicable)</i> | <input type="checkbox"/> |
| 5. I understand that word-for-word quotations may be used in the reporting of the project and that these will be anonymised. <i>(delete if not applicable)</i> | <input type="checkbox"/> |
| 6. (Optional) I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this project. | <input type="checkbox"/> |
| 7. I agree to take part in the above project. | <input type="checkbox"/> |

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

<Insert Version No & Date>