University of Southampton | University Hospital Southampton NHS Foundation Trust

ARTIC PC

PARENT/GUARDIAN CONSENT FORM (INTERVIEWS)

Patient Identification Number for this project: ☐

QUALITATIVE RESEARCH CONSENT FORM, Interview (Version1, dated 02/10/16)

To confirm agreement with each of the statements below, please initial the box

1. I confirm that I have read the participant information sheet dated 14/07/16 (version 1) for the above study. I have had the opportunity to consider the 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 any reason, without my medical care or legal rights being affected. ☐
3. I understand the interview maybe face to face or by telephone. ☐
4. I understand that my responses may be used to support other research in the future, and may be shared anonymously with other researchers. ☐
5. I agree to my interview being audio-recorded and then transcribed for analysis. ☐
6. I agree to an anonymised audio form and my anonymised transcribed interview being used for teaching or training purposes. ☐
7. I agree to my child's GP being informed of my participation, where necessary. ☐
8. I agree to take part in the above study and my data being used for the purpose of this study. ☐

Name of Participant and Relationship to child	Date	Signature
Name of Person taking consent	Date	Signature