

Consent Form

Study Title: Developing a Patient and Public Involvement (PPI) intervention to enhance Recruitment and Retention In Surgical Trials (PIRRIST)

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please initial
each box:

Please read and initial the following declarations if you would like to take part:

- | | | |
|----|---|--------------------------|
| 1. | I have read the study information sheet (version 3.1, dated 20/04/16), had the opportunity to ask questions and received satisfactory answers. | <input type="checkbox"/> |
| 2. | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee | <input type="checkbox"/> |
| 3. | I understand that my participation is voluntary and that I am free to withdraw myself or my data at any time, without giving any reason, and without any negative consequences. | <input type="checkbox"/> |
| 4. | I understand that the focus group will be audio-recorded. | <input type="checkbox"/> |
| 5. | I understand who will have access to personal data provided. | <input type="checkbox"/> |
| 6. | I understand how personal data will be stored and what will happen to the data at the end of the project. | <input type="checkbox"/> |
| 7. | I understand what will happen to the results of the study. | <input type="checkbox"/> |
| 8. | I understand how to raise concerns or make a complaint. | <input type="checkbox"/> |
| 9. | I agree to take part in the focus group. | <input type="checkbox"/> |

Please print your name, then sign and insert the date below:

Name of Participant: _____

Signature: _____

Date: _____

Please also fill in your details overleaf.

When the researcher receives your form, s/he will sign below and return a copy to you.

Name of researcher: _____

Focus group ID: _____

Signature: _____

Date: _____

Participant Details

Please let us know your contact details so we can keep in touch.

Email address:

Telephone and/or mobile number:

Postal address:

Preferred mode of contact (please circle): Email / Telephone / Post

So that we know a bit more about who took part in our focus groups, please fill in the following information about yourself (optional):

Age:

Gender:

Ethnicity:

Occupation:

Have you ever had surgery? (Yes / No)

Have you ever cared for someone undergoing surgery? (Yes / No)

Please return this completed form to **Joanna Crocker** in person, by email (pirrist@phc.ox.ac.uk), by fax (01865 289412), or by post (Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG). To request a freepost envelope please email Joanna or telephone 01865 617837.

Thank you.