

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 2, dated 8 August 2017), 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 parts of the workshop may 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 consensus workshop. | <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

Email address:

Telephone and/or mobile number:

Postal address:

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

Thank you very much for taking part.