



## CONSENT FORM - INTERVIEW

Title of Project: **Improving patient experience project**

NHS REC Committee and reference number:

Staff Identification number for this study:

Name of Researchers: [to be confirmed]

Please initial boxes to confirm agreement:

I confirm that I have read and understand the information sheet dated 19<sup>th</sup> August 2011 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment or legal rights being affected.

I agree for my interview to be audio-recorded.

I understand that any of my comments may be edited and may appear anonymously in written form.

I understand that data collected during the study may be looked at by authorized individuals from the University of Oxford where it is relevant to my taking part in this research

I agree to take part in the above study.



\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person  
taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

When completed, 1 for research subject; 1 for researcher site file notes