

Consent Form

Research title: Making sense of evidence in management decisions – the role of research-based knowledge on innovation adoption and implementation in healthcare

I would like to explore your perceptions regarding each of the processes included in the respondent information sheet attached. I can assure you that your responses will be kept in strict confidence, used anonymously, and only for the purpose of the research.

I require your consent before we proceed. Please tick and sign as appropriate.

I confirm that I have read and understood the Participant Information Sheet and I understand the purpose of the interview

I agree to take part in the above study. I understand that my participation is voluntary and I am free to withdraw at any time without giving any reason

I give consent for the interview to be audio-taped

I am willing to be contacted at a later date via e-mail or telephone for follow up interview

Name.....

Department/ position/ profession.....

Signature..... Date.....

e-mail..... telephone
number.....

I would like a copy of the transcript of this interview to check for accuracy Yes/No

Name of researcher.....

Signature of researcher.....

Thank you for your participation in this important research.

Please do not hesitate to contact me for any questions you may have about the project or this interview. You may withdraw consent at any point of the research without obligation.

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