

Consent Form: Links/Line managers

Please initial:

1. I have read the Information Sheet concerning this project and understand what it is about.
2. Any questions I had have been answered to my satisfaction. I understand that I am free to request further information at any stage.
3. I understand that my participation in the project is entirely voluntary.
4. I understand that my participation should not lead to any potential harm or discomfort.
5. I understand that I am free to withdraw from the project at any time without any disadvantage.
6. I agree to take part in an interview and understand that the interview will be audio-recorded. I understand that the recording it will be kept in accordance with research governance policies and any raw data on which the results of the project depend will be retained in secure storage.
7. I understand that I have the right to decline to answer particular question(s).
8. I understand that the data may be used in a report or publications but my anonymity will be preserved.
9. I understand that in the event that a serious patient issue is identified, this will be reported and may affect my confidentiality.
10. I agree to take part in this study.

Your contact details

Name: _____ Signed: _____ Date: _____

Email: _____ Tel: _____

Our contact details

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