

**Participant Identification Number:**

# **A longitudinal national evaluation of Schwartz Center Rounds**

## **(Example of) CONSENT FORM FOR STAFF (Interviews)**

Name of researcher: [MEMBER OF RESEARCH TEAM]

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. 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.
3. I agree to be interviewed by the researcher named above and for the researcher to take notes and/or audio-record the interview. I understand I am free at any time to ask the researcher to stop at any time and can withdraw my data up to a month after the interview.
4. I agree for anonymised quotations taken from the interview and used to disseminate the research findings arising from the study, e.g in academic and non-academic publications, reports, conferences.
5. I agree to the anonymised data being archived for up to five years after the end of the research, for use in this study, and by other researchers for other purposes. I understand that data will be destroyed after this period and that all identifying information about me will be removed to protect my identity.
6. I agree to take part in the above study.

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Name of Participant

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Date

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Signature

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Researcher

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Date

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Signature