

REFORM Participant interview consent form

Title of Project: Interviews with older adults as part of the REFORM study to improve balance and help reduce falls

Contact Name: Mrs Sarah Cockayne

Contact Details: University of York, York, YO10 5DD
Tel: XXXX or XXXX Email: XXXX

Please initial each box

1. I confirm that I have read and understand the information sheet version 2 dated 03/10/2011 for this 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.
3. I understand that the interview(s) will be recorded on a digital voice recorder and the sound file will be stored on a secure computer at the University of York.
4. I understand that the interview transcript will be strictly confidential and that I will be anonymous in any written reports from the research.
5. I understand that written quotations from the interview may be used in Presentations and teaching.
6. I understand that my details (eg name, address) will be strictly confidential, stored at the University of York and will not be passed on to any individual within or outside the University.
7. I agree to take part in the above study by taking part in the interview.

Name of participant

Signature

Date

Name of researcher

Signature

Date