

## REFORM Podiatrist interview consent form

**Title of Project:** REFORM: A randomised trial of a multifaceted podiatry intervention for fall prevention -

**Contact Name:** [Insert name of qualitative researcher]

**Contact Details:** University of York, York, YO10 5DD  
Tel: [Insert qualitative researcher's number]; Email: [Insert qualitative researcher's email address]

Please initial each box

1. I confirm that I have read and understand the information sheet version [no], dated [date] 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.
3. I understand that the interview 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	/ /
Name of researcher	Signature	/ /