



CONSENT FORM 2

Telling Your Story: The Bowel Cancer Screening Experience

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Thank you for taking part in this study. To ensure you are happy with how we now use the information you have provided us we ask that you read and complete this form.

For the development and production of the leaflet, I agree to the researchers presenting the following information with my story: *(Please circle as appropriate)*

UCL's photograph of me	YES / NO
My own photograph	YES / NO
A model photograph	YES / NO
My first name	YES / NO
A false name	YES / NO
My age	YES / NO
A false age (within 2 years of my own age)	YES / NO
My town	YES / NO
Another town/area	YES / NO

(Please tick)

I understand and accept that the University College London (UCL) will store and use my data and personal details in accordance with the Data Protection Act 1998.

I understand that the developed leaflet will be added to the current NHS Bowel Cancer Screening Programme invitation pack for a trial period and, if successful, may continue to be part of the NHS invitation pack to be distributed across England. The NHS will only use the developed leaflet.

I understand and accept that my full name and address will not be attached to my story to assist anonymity. However, I understand and accept that if my story is published, complete anonymity cannot be guaranteed.

I understand and accept that each time my data is required for a research project by UCL, I will be contacted for my permission and that I am under no obligation to say yes. The data WILL NEVER be used without my consent.

A full explanation of the possible uses for my data at UCL had been given to me.

***The charity Beating Bowel Cancer (BBC) would also like access to the story and photograph you provided UCL for possible use in media or charity materials:**

I agree to the researchers at UCL passing on a copy of the following information about me to BBC. *(Please circle your response)*

My contact details	YES / NO	<i>(If NO, the remaining list does not apply)</i>
My story, as approved by me	YES / NO	
My photograph(s)	YES / NO	

I understand that BBC will not use my data without contacting me first to obtain my permission. The data WILL NOT be used without my consent.

(Please tick)

Name (please print)

Signature

Date