



Department of Public Health

Division of Clinical & Population Sciences & Education

Head of Department
Professor I K Crombie

(Phase 2 participants)

A study on health and alcohol

Consent form

Participant Identification Number :

Name of Researcher:

Please initial box

- 1 I confirm that I have read and understand the information sheet (dated..... version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2 I understand that my participation is voluntary and that I am free to withdraw at any time.
3 I understand that anonymised data collected during the study may be looked at by the research team and by individuals from regulatory authorities. I give permission for these individuals to have access to my records.
4 I understand that all interviews may be recorded and transcribed, but that these will not contain my name or any other identifiable information. I give permission for interviews to be recorded.
5 I understand that some comments I make may be included in a report on the study, but these will be completely anonymous.
6 I agree that, if after discussion with the researcher, we have any concerns about my health, I would consider giving the researcher permission to contact my GP.
7 I agree to take part in the above study.
8 I will show my consent by sending a text message to the research team.

Participant's name Date Time text message received

Researcher's name Date Signature