

SSHeW: Qualitative Interview Consent Form

Title of Project: Does slip resistant footwear reduce slips among healthcare workers? A randomised controlled trial

Contact Name: [Insert names of researchers]University of York, York, YO10 5DD

Contact Details: Tel: [insert researchers' telephone numbers]
Email: [insert researchers email addresses]

**Please initial
each box**

1. I confirm that I have read and understand the information sheet version 2, dated 14.02.2019 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 my name will not appear on the interview transcript. I will not be identifiable in any written reports from the research.

5. I understand that written anonymous quotations from the interview may be used in presentations, for teaching purposes, at conferences and/or may be reported in scientific publications.

6. For this part of the study, I understand that my details (e.g. name, address) will be kept confidential, stored at the University of York and will not be passed on to any individual outside of the study team, in or outside the University.

7. I agree to take part in an interview for the above study.

Name of participant

Signature

/ /
Date

Name of researcher

Signature

/ /
Date