### Further information and consent form

###  for participants in studies where audio, visual or audio-visual recordings are to be made

TITLE OF PROJECT

 MUST BE USED IN CONJUNCTION WITH THE ASSOCIATED INFORMATION AND CONSENT FORMS

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|  |  |
| --- | --- |
|  | Please circle either YES or NO |
| 1. What kind of recordings will be made?

[Specify] |  |
| 1. Who will have access to the raw recordings?

[Specify] |  |
| 1. Will the raw recordings be shared with others outside of the research team?
 | YES / NO |
|  If ‘Yes’ please specify who the recordings will be shared with and for what purpose.[Specify] |  |
| 1. Do you intend to produce anonymised versions of the recordings for sharing?
 | YES / NO |
|  If ‘Yes’ please specify how the recordings are to be anonymised.[Specify] |  |

Declaration of Consent

|  |  |
| --- | --- |
|  | Please circle one ofYES / NO/ NA |
| 1. I consent that the recordings described above are to be made and analysed in accordance with the aims and objectives of the research | YES / NO/ NA |
| 2. I consent that the raw recordings be shared with others for secondary research purposes | YES / NO/ NA |
| 3. I consent that the raw recordings be shared with others for teaching/presentation purposes | YES / NO/ NA |
| 4. I consent that edited versions of the recordings be shared with others for secondary research purposes on the understanding that my identity remains confidential.  | YES / NO/ NA |
| 5. I consent that edited versions of the recordings be shared with others for teaching/presentation purposes on the understanding that my identity remains confidential. | YES / NO/ NA |
| 6. If I have any questions or concerns about the research, I know I can contact <<name of contact>> via email <<include email>> or by phone <<telephone number>>. | YES / NO/ NA |
| **7**. PARTICIPANTSignature of Participant.……………………………………………………….……………... Date……..……………………Name (BLOCK LETTERS) ……………………………………………………………………………………………………...….. |
| **8**. INVESTIGATORSignature of Investigator...……………………………………………..……….……..…. Date…………….…..…….….Name (BLOCK LETTERS) …………………………………………………….…………………………………………..…..….. |