

VOCAL RESEARCH STUDY CONSENT FORM

Please initial all the boxes and give this form back to the person who gave it to you. If you don't feel able to initial all the boxes, or if you change your mind at any point, you can choose not to take part in the study. Whether you take part or not, this will not affect your care in any way.

	Initial
I have read the information sheet Version 1 dated 25 Jan 2016 and asked any questions I want.	
I understand that the VOCAL study is being conducted by researchers from Barts and the London School of Medicine and Dentistry, University of Oxford and Barts Health NHS Trust.	
I understand that the research will include the following: <ul style="list-style-type: none"> • A researcher will observe one of my consultations in the clinic. • The researcher will take notes during the consultation. • The researchers will audio record the consultation. 	
I give permission for my consultation to be audio recorded	
I understand that if I change my mind about this research, I can say so at any time and the data will be erased and not used further and the research team will no longer contact me.	
I give permission for the researcher to view selected parts of my medical or nursing record.	
I agree to participate in the study.	
I give permission for direct quotations to be used in reports and publications as long as all identifying information will be removed.	
I understand that all information I give will be confidential and held securely in strictest confidence.	

This section is to be completed after the consultation	Initial
After completing the consultation, I am still willing for the audio material to be used in the research.	

Participant's name (capitals) _ _ _ _ _

Participant's signature _ _ _ _ _ Date _ _ _ _ _

Researcher's name _ _ _ _ _

Researcher's signature _ _ _ _ _ Date _ _ _ _ _