**Views and experiences of women and staff of outpatient induction of labour: a mixed methods study**

**Consent form for women**

Researcher: Lisa Smith  
IRAS ID: 240694 ERGO ID: 31461

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please initial the boxes if you agree with the statements | | | | Participant  initials |
| 1. I confirm that I have read and understand the information sheet dated ……………………………… version number ……………………………… for the above study and have had the opportunity to ask questions which have been answered satisfactorily. I have been given a copy of the information sheet to keep. | | | |  |
| 1. I agree to take part in this research project and agree for my data to be used for the purpose of this study and educational purposes. Data will be stored on a password protected computer. | | | |  |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. | | | |  |
| 1. I understand that relevant sections of my medical records and those of my baby as well as relevant sections of data collected by the researcher may be looked at by responsible individuals from UHS NHS Foundation Trust or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to these records. | | | |  |
| 1. I agree to the researcher making an audio recording of my interview. | | | |  |
| 1. I agree to the researcher taking notes during the interview. | | | |  |
| 1. I understand that the researcher may use direct quotes I make in publications about the research, but that I will not be able to be identified through these quotes. | | | |  |
| ……………………………………………... | ……………………………………………... | | ……………………………………………... | |
| Name of participant | Date | | Signature | |
| ……………………………………………... | ……………………………………………... | | ……………………………………………... | |
| Name of researcher | Date | | Signature | |
| **ENQUIRIES:**  Lisa Smith  Email: [lisa.smith@uhs.nhs.uk](mailto:lisa.smith@uhs.nhs.uk) | | □ Original in researcher’s file □ Copy to participant □ Copy in participant’s electronic medical records | | |