**STEADY TOGETHER**

**Consent form for people with Parkinson’s and those close to them**

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| --- | --- |
| ERGO number: | 25364 |
| Chief Investigator: | Dr Helen Roberts |
| Principal Investigator: | Dr Charlotte Owen |

Thank you for reading the information about our research project. If you would like to take part, please read and sign this form.

PLEASE INITIAL THE BOXES IF YOU AGREE WITH EACH SECTION:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | I have read the information sheet version 2 dated 03.03.17 for the above study and have been given a copy to keep. I have been able to ask questions about the study and I understand why the research is being done. I have been informed about any risks or inconveniences involved and the conditions under which the study is to be conducted. | |  | | --- | |  | |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. And if I withdraw from the research study for any reason, data collected up to my withdrawal will be used. | |  | | --- | |  | |
| 3. | I understand that my participation in this study involves taking part in an interview that will be audio-recorded. I give my permission to the researcher to conduct the interview and audio-record it with a digital voice recorder. | |  | | --- | |  | |

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| --- | --- | --- | --- |
| 4. | I understand that the audio-recordings will be transcribed into a word document, and that the original audio-recordings will be destroyed once they have been transcribed. I understand that my confidentiality as a participant in this study will remain secure and that the transcript of the interview will not contain my name or identifiable information. I agree for my data to be stored anonymously and that any published quotations or extracts from the research will maintain my confidentiality. | |  | | --- | |  | |
| 5. | I understand that the data collected may be used to support research in the future, and that my data may be shared anonymously with other researchers |  |
| 6. | I agree to participate in this study. | |  | | --- | |  | |

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Name Signature Date

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Researcher Signature Date

Original form to be kept for the site file/researcher, with one copy for participant