# **Appendix F: Participant Consent form**

**Study Title: Improved Nutrition Preconception, during Pregnancy and Postpartum: INPrePᵌ**

**Researcher: Kate Ward, Daniella Watson, Sarah Kehoe, Mary Barker, Marie-Louise Newell**

**ERGO number: 47290**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the participant information sheet and I understand it.

I was given a chance to ask questions and had them answered.

I understand that the researchers will take measures to maintain my privacy but that confidentiality cannot be guaranteed because I will be participating as part of a group with other participants during the study

I agree that information gathered in this study may be stored anonymously and securely, and may be used for the purpose of this study.

I understand that it is my choice to participate and that I am free to stop participating without giving a reason, and have the right to withdraw my data and information.

I agree to take part in this study

Signature of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of researcher/ fieldworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_