Participant Consent Form – Focus Group

**Study Title:** The PD Life Study   
**Researcher name:** Dr Qian Yue Tan   
**ERGO number:** 62623

Participant Identification Number:

Thank you for reading the participation information sheet about the PD Life research study. If you would like to take part, please read and sign this form to confirm your consent to participate in the study.

***Please initial the box(es) if you agree with the statement(s):***

|  |  |  |  |
| --- | --- | --- | --- |
| I have read and understood the participant information sheet for the PD Life Study Version 2 dated 17th March 2021 for the above study and have had the opportunity to ask questions about the study. | |  | |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. | |  | |
| I understand that my participation in this study is voluntary and that I may withdraw at any time for any reason without my participation rights being affected. | |  | |
| I agree that if I withdraw from this study, information collected up to this point will be anonymised and may still be used for the purposes of achieving the objectives of the research only. My personal data will not be retained if I withdraw from the study. | |  | |
| I agree to have my conversation digitally (audio and/or video) recorded. | |  | |
| I understand that my personal information collected about me such as my name or where I live will not be shared beyond the research team. | |  | |
| I understand that my confidentiality as a participant in this study will be maintained throughout and that the focus group transcript will not contain my name or any identifiable information. | |  | |
| I agree to respect the rights to confidentiality of all those attending the focus group and of those that are mentioned during the discussion. | |  | |
| I agree for my data to be stored anonymously and that any published quotations from the study will maintain my confidentiality. I understand that I may be quoted directly in reports of the research but that I will not be directly identified. | |  | |
| I would like to receive a summary of the study findings. (optional) | |  | |
| **Signature:** |  | |
| **Participant Name:** |  | |
| **Date:** |  | |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Researcher Name:** |  |
| **Date:** |  |

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes