

## INTERVIEW CONSENT FORM

**Study title:** *Understanding healthcare professionals' lived experiences of death in the Emergency Department and the influence of personal values and norms*

**Researcher name:** Laszlo Penzes

**ERGO number:** 52903.A1

**IRAS number:** 292601

**Site R&D reference** RHM MED1670

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

I have read and understood the information sheet Version No.7 Date: 09.11.2020 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 my participation is voluntary and I may withdraw at any time, for any reason without my participation rights being affected.	
I understand that I may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used).	
I understand that taking part in the study involves audio recording which will be transcribed and then destroyed for the purposes set out in the participation information sheet.	
I understand that should I withdraw from the study then the information collected about me up to this point, may still be used for the purposes of achieving the objectives of the study only.	

Name of participant (print name).....

Signature of participant..... Date.....

Name of researcher (print name): **Laszlo Penzes**

Signature of researcher

Date: 15.01.2021