

## CONSENT FORM

**Study title:** Experiences of providing continence care

**Researcher name:** Leah Hewer-Richards

**ERGO number:** 55504

Participant number:

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

I have read and understood the information sheet version number V1.4 dated 27/11/2020 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 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.	
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 my personal information collected about me such as my name or where I live will not be shared beyond the study team.	
I give permission for special category data about me as described in the participant information sheet to be collected for the purposes of this study	
I give permission for data that I provide during interviews to be held by the researcher as described in the participant information sheet so it can be used for future research and learning	
I agree to take part in a remote interview for the purposes set out in the participation information sheet and understand that this will be recorded using audio with my permission	

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

Signature of participant.....

Date.....

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Name of researcher (print name).....

Signature of researcher .....

Date.....

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**Additional notes or comments (accompanied by date and signature):**