**CONSENT FORM**

**Study Title**: Looking back: a retrospective exploration of the shared perspectives of the gender-questioning journey.

**Ethics/ERGO number:** 90949

**IRAS number:** N/A

**Version and date:** V1; 15/03/2024

Thank you for your interest in this study. It is very important to us to conduct our studies in line with ethics principles, and this Consent Form asks you to confirm if you agree to take part in the above study. Please carefully consider the statements below and add your initials and signature only if you agree to participate in this research and understand what this will mean for you.

**Please add your initials to the boxes below if you agree with the statements:**

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| --- | --- |
| **Mandatory Consent Statements** | **Participant Initials** |
| I confirm that I read the Participant Information Sheet version 1, dated15/032024 explaining the study above and I understand what is expected of me. |  |
| I was given the opportunity to consider the information, ask questions about the study, and all my questions have been answered to my satisfaction. |  |
| I agree to take part in this study and understand that data collected during this research project will be used for the purpose of this study. |  |
| I understand that my participation is voluntary and that I am free to withdraw from this study at any time without giving a reason. |  |

**Additional Statements - please add your initials in the boxes below you to agree to:**

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| **Additional Consent Statements** | **Participant Initials** |
| I understand that taking part in this study involves taking an audio recording. I am happy for my interview to be audio recorded and understand that the audio recording will be deleted immediately once transcription is completed. |  |
| I understand that taking part in this study may involve audio and video recording via Microsoft Teams and that the recording will be deleted immediately once the final transcription has been checked and completed.  (This will be dependent on whether you choose to participate in a Teams interview or face-to-face interview) |  |
| I understand that my confidentiality cannot be guaranteed in paired interviews but that any information collected by the researcher will be kept confidential (unless it needs to be disclosed by law), and that participants will be asked to keep the discussions confidential. |  |
| I understand that I must keep the information discussed during the paired interview confidential. |  |
| I understand that if I withdraw from the study, it may not be possible to remove my data once my personal information is no longer linked to the study data. I understand that I can withdraw my data from the use in this study within three months following my participation. |  |
| I understand that all personal information collected about me (e.g., my name and contact details) will be kept confidential (i.e., will not be shared beyond the study team) unless required by law or relevant regulations (e.g., for the purpose of monitoring the safety of this study). |  |
| I understand that my anonymised data collected during this study will be shared with research partners collaborating on this research. |  |
| I understand that my anonymised data collected during this study will be archived in a data repository so that it can be used for future research and learning. |  |

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| Name of participant | Signature | Date |
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| Name of person taking consent | Signature | Date |

\*Once this Consent Form has been signed by all parties, a copy of the signed and dated form should be provided to the study participant. Original signed copy should be stored in the study site file (If applicable).