 

**Participant Consent form**

**eternal:** h**e**al**t**hcar**e** for gi**r**ls and wom**en** with cerebr**a**l palsy across the **l**ife course

Please read the participant information sheet carefully and ask any questions that you have. If you agree with the statements below, please initial or put a mark in the box to the right of the statement. We ask that you sign and date two forms: the first for your own records and reference, and the second for the research team to retain.

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| --- | --- | --- |
|  |  | Please initial or put a mark  in boxes if you agree with statement |
| 1. | I confirm that I have read and understood the participant information sheet. |  |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. If I withdraw my data will be removed from the study and will be destroyed. |  |
| 3. | I consent to the collection and storage of the interview as an audio- recording which will then be transcribed. I understand that all information that could identify me will be anonymised. |  |
| 4. | I understand that my personal data will be processed for the purposes detailed above, in accordance with the Data Protection Act 2018. |  |
| 5. | I agree to my anonymised stories being used in publications and presentations to healthcare professionals understand about how the health needs of women with CP and what could be done to improve their access to healthcare. |  |
| 6. | I would be interested to be part of the documentary film made as part of this project. |  |

Participant name

Print

Sign

Date

Member of research team Print

Sign

Date

One copy for participant, one copy for study file.