

Insert Trust Logo

Participant Identification Number:

**CONSENT FORM**

 **Parents/Carers – Audio & Contact**

Title of Project: **The Growth Hormone Deficiency Reversal Trial: Qualitative Study**

IRAS ID: 281209

Name of Researcher:

Please **initial**

 boxes below

1. **This study involves two parts. Please indicate which parts you are consenting to.**

**Part A:** I agree to the audio-recording of my consultation

**Part B:** I agree to provide my contact details for the purpose of being

 invited to take part in an interview

1. **In relation to these, please show if you consent to the following:**

I confirm that I have read and understand the information sheet dated............. (Version............) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time (up until data analysis begins) without giving any reason.

I understand that all data I provide will be treated as confidential, will be fully anonymised and stored securely.

I understand that data collected during the study, may be looked at by individuals from regulatory authorities or the sponsor where it is relevant to my taking part in this research.

I agree to audio-recording and to the secure transfer of this to a professional company for

 transcription. Transcripts will be anonymised.

I agree to anonymised quotations being used in reports of the study and in the promotion

of the study findings (I understand that this may be via the media).

|  |  |  |
| --- | --- | --- |
| Name of Participant: ………………………………… | Signature:……………………………………… | Date:……………………..  |
|  |  |  |
| Name of Person taking consent: …………………………………. | Signature:……………………………………… | Date:……………………. |

*Action: File original in site file Give a copy to the participant*