

Annex 6 b - Consent form- workshop

Consent form – workshop [version 09/11/2017]

Title of Research Project:	The core internal evaluation of CLAHRC NWC's efforts to build partners' understanding and capacity for Co-production, public engagement and action to reduce health inequalities	Please tick box
Researcher(s):	Ana Porroche-Escudero, Jennie Popay, Koser Khan, Saiqa Ahmed Fiona Ward, Shaima Hassan, Esmail Khedmati, Jane Cloke Dorcas Akeju	
1.	I confirm that I have read and have understood the information sheet dated [09/11/2017] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.	<input type="checkbox"/>
3.	I understand that my participation in the workshop will be audio recorded and then made into an anonymised written transcript.	<input type="checkbox"/>
4.	I understand that audio recordings will be kept until completion of the research project.	<input type="checkbox"/>
5.	I understand that I can ask for any information I provide during the workshop to be withdrawn and any audio recording destroyed provided I do this before data analysis begins (approximately 2-3 weeks after the date of the workshop).	<input type="checkbox"/>
6.	I understand that the information from my participation in the workshop will be pooled with other participants' responses, anonymised and may be published.	<input type="checkbox"/>
7.	I consent to information and quotations from my participation in the workshop being used in reports, conferences and training events.	<input type="checkbox"/>
8.	I understand that any information I give will remain confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the researcher may need to share this information with their team.	<input type="checkbox"/>
9.	I consent to Lancaster University keeping written transcriptions of my participation in the workshop for potential use by other researchers in the future but that this will only happen if all the features that could identify individuals and local areas removed.	<input type="checkbox"/>
10.	I consent to Lancaster University keeping written transcriptions of my participation in the workshop for 10 years after the study has finished.	<input type="checkbox"/>
11.	I agree to take part in the above study.	<input type="checkbox"/>

Name of Participant _____ **Signature** _____
Date _____