

Participant Consent Form

Research Project:	Backpack – Person Centred Health, Care and Wellbeing
Lead Researcher:	Nicolas Van Labeke, Research Fellow, nicolas.van-labeke@dhi-scotland.com

Please initial the boxes to indicate agreement

1. I have read and understood the Information Sheet about the above research project and have had the opportunity to ask questions about it.
2. I agree to being a participant for the purposes of the above research project.
3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. Any information I have given will be used with my permission or may be withdrawn from the research.
4. I understand that the study involves a mixture of activities: workshops, focus groups, interviews, etc. Any input I make to the project constitutes valuable and useful data and will be kept anonymous using a variety of techniques (see below).
5. I understand that some forms of data can be kept strictly anonymous if required, using pseudonyms, editing, blurring of face (or similar identifying features), voice manipulation. I wish the following kept strictly anonymous:

Audio (voice recording)	YES / NO
Visual (include photographs / video recording)	YES / NO
6. I agree to my contribution being used for public and dissemination purposes (such as exhibition, publication, journal article, conference paper/presentations, lectures or broadcasts), subject to question 5.
7. In the event of withdrawal from the research study where my contribution will be included, all rights and preferences indicated in this consent form will remain in force.
8. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the Glasgow School of Art and the Digital Health Institute, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

Participant signed: Date:

Name (please print):

Address:

Telephone number: Email:

Researcher signed: Date:

Name (please print):

Address:

Telephone number: Email: