

Primary Investigator

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Consent Form

**Experiences of Repeated Relapse into Substance Misuse: A Multi-Perspectival Interpretative Phenomenological Analysis**

**Please initial box if you agree with the statement**

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| 1. I have been provided with information explaining what participation in this project involves. |
| 1. I have had an opportunity to ask questions and discuss this project. |
| 1. I have received satisfactory answers to all questions I have asked. |
| 1. I have received enough information about the project to make a decision about my participation. |
| 1. I understand that I am free to withdraw my consent to participate in the project at any time without having to give a reason for withdrawing. 2. I understand that I am free to withdraw my data within two weeks of my participation. 3. I understand the nature and purpose of the procedures involved in this project. These have been communicated to me on the information sheet accompanying this form. 4. I understand and acknowledge that this project is designed to promote scientific knowledge and that the University of Bath may use the data I provide in future research projects but that the conditions under which I have provided the data will still apply. 5. I understand the data I provide will be treated as confidential, unless a serious risk to self or others is disclosed. I understand that on completion of the project my name or other identifying information will not be disclosed in any presentation or publication of the research. 6. I agree to the University of Bath keeping and processing the data that I provide during the course of this project and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act. 7. I hereby fully and freely consent to my participation in this project. |

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant name in BLOCK Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher name in BLOCK Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any concerns or complaints related to your participation in this project, please direct them to the DREO:

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Telephone: 01225 386852