|  |  |  |
| --- | --- | --- |
| Please read the following statements and indicate whether you agree or disagree: | Agree | Disagree |
| I confirm that I have read the information sheet dated 09.04.20 for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I have been given enough information to decide whether I want to take part in the study. |  |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I understand that this will not affect my medical care or legal rights in any way. |  |  |
| I understand that the information collected during this study will be used to support other research in the future, and may be shared anonymously with other researchers. I give permission for these individuals to have access to my data under conditions of confidentiality. |  |  |
| I understand that the data collected from me as part of the study will be anonymised, and that after the study this will be made ‘open data’. I understand that it will not be possible for me to be identified by this data. |  |  |
| I understand that my GP will be informed of my participation in this study. I agree to the research team sharing information relevant to my care with my General Practitioner (GP). |  |  |
| I understand that if I disclose information relevant to my own or other’s safety this will be shared with my General Practitioner (GP). This includes any information disclosed in response to questionnaires and in conversation with any members of the research team. |  |  |
| I agree to take part in this study. |  |  |

End of Block: Consent