

**Participant Consent form**

**Producing a vision for the future of community pharmacy in England**

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| --- | --- |
|  | Please initial box |
| I confirm that I have read the participant information sheet 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 my consent at any time without having to give a reason for withdrawing. |  |
| I understand that this project has been reviewed and received approval from the University of Bath, Research Ethics Approval Committee for Health (REACH) [reference: EP 17/18 204]. |  |
| I understand who will have access to personal data I provide, how the data will be stored, and what will happen to the data at the end of the project. |  |
| I understand that my interview will be audio-recorded and that parts of the interview may be quoted verbatim in future publications or presentations and that such quotes will be anonymised. |  |
| I understand that the anonymous information collected about me and my interview may be used to support other research in the future, and may be shared anonymously with other researchers. |  |
| I consent to take part in the above study. |  |

\_\_\_ \_\_\_\_\_\_

Name of participant Date Signature

\_\_\_ \_\_\_\_\_\_

Name of researcher securing Date Signature

consent

When completed, one copy will be given to participant and one copy will be kept by the researcher.