

## Participant Consent form

### Producing a vision for the future of community pharmacy in England – Study 3

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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/ 18 256].	
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 the discussions will be audio-recorded and that parts of the discussions 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 focus group discussion 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  
consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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