**CONSENT FORM\* - CLIENT OR PARTNER IN-DEPTH INTERVIEW**

Research Study: Health systems analysis and evaluations of the barriers to availability, utilisation, and readiness of selected sexual and reproductive health services in COVID-19 affected areas

**If you agree, please initial/tick each box**

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| 1. I confirm that I have read the participant information sheet for this study dated 11.08.2021, Version 1.4 for people accessing BPAS. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 1. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving any reason, without my medical care or legal rights being affected. |  |
| 1. I understand that I will be able to ask for my data to be withdrawn up until the point of analysis which will be approximately 4 weeks after interview. |  |
| 1. I agree for the interview to be audio-recorded, and I understand that recordings will be kept secure and destroyed at the end of the project.   *To note: If you do not want your interview to be recorded you can still take part in the study.* |  |
| 1. I understand that everything I say will be treated in strict confidence and no information identifying me will be passed on to anyone other than members of the research team. |  |
| 1. I agree to University of Brighton recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on University of Brighton complying with its duties and obligations under the Data Protection Act 2018 and UK General Data Protection Regulation (GDPR). |  |
| 1. I understand that if I inform the researcher that I am, or someone else is, at risk of serious harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission. |  |
| 1. I agree that anonymised quotes from my interview may be used in reports, publications, and other research outputs (names and other identifying information will be removed). |  |
| 1. I agree to take part in this study. |  |

**Statement by the participant**

I agree voluntarily to participate in this research:

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| **Name/initials of participant** | ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature of participant** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date (day/month/year):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Statement by the person taking consent**

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

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| **Print name of person taking consent:** | ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature of person taking consent:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date (day/month/year):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*For verbal consent, the researcher will read out the statements and the participant will be asked to individually agree (or disagree) with each statement. The researcher will sign on the participant’s behalf and record that consent has been obtained verbally.*