

Qualitative consent form - nurse



UNIVERSITY OF  
BIRMINGHAM

**The PIMMS-WL Trial**  
**Feasibility and acceptability of a brief routine weight management intervention  
for postnatal women embedded within the national child immunisation  
programme in primary care: randomised controlled cluster feasibility trial with  
nested qualitative study.**

**Nurse Interview Consent Form**  
**Version 3.0 1<sup>st</sup> February 2018**

|                                    |                      |                      |   |                      |                      |                      |                      |           |                      |                      |
|------------------------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|-----------|----------------------|----------------------|
| <b>PIMMS-WL</b><br>Nurse Trial No: | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Initials: | <input type="text"/> | <input type="text"/> |
|------------------------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|-----------|----------------------|----------------------|

**Please initial each  
box to indicate your  
consent**

|    |   |                      |
|----|---|----------------------|
| 1. | I confirm that I have read and understood the nurses information leaflet for the <b>PIMMS-WL</b> trial (Version __, dated DD/MM/YYYY). I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.   | <input type="text"/> |
| 2. | I understand that my participation is voluntary, that I am not obliged to take part, and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.   | <input type="text"/> |
| 3. | I understand that data collected that identifies me by name, including my consent form, will be transferred from where it is collected and stored at the University of Birmingham Clinical Trials Unit (BCTU). I agree to the transfer and storage of this data for use in the <b>PIMMS-WL</b> trial.   | <input type="text"/> |
| 4. | I understand that data collected during the study, may be looked at by responsible individuals from the <b>PIMMS-WL</b> research team at the University of Birmingham, from the sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. I understand that all information collected will be used for this research only and that I will not be identified in any way in the analysis and reporting of the results. | <input type="text"/> |
| 5. | I understand and give permission for the <b>PIMMS-WL</b> research team to use anonymous quotes from me in publications  | <input type="text"/> |
| 6. | I consent for my interview to be audio recorded. The audio recording and transcription will be securely transferred and stored at the University of Birmingham Clinical Trials Unit (BCTU). The recording will be transcribed by an external company and analysed for the purposes of this research only.   | <input type="text"/> |
| 7. | I agree to take part in the above study.  | <input type="text"/> |

Name of Nurse: .....

Signature: ..... Date:.....

Name of Person taking consent: .....

Signature: ..... Date:.....

***Original to be filed in the Site File; 1 copy for nurse; 1 copy to be sent to BCTU***  
Please return a copy of this form to: The PIMMS-WL Trial, Birmingham Clinical Trials Unit (BCTU),  
Institute of Applied Health Research, Public Health Building, University of Birmingham, Edgbaston, Birmingham, B15 2TT