

## UNIVERSITY<sup>OF</sup> BIRMINGHAM

## **PIMMS-Weight Loss Study**

(Post Natal Weight Loss Study)

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.

Participant Interview Consent Form Version 3.0 1st February 2018

PIMMS-WL Trial No:				-					]	Initia	ıls:						box to i	initial each ndicate your onsent
1.	I confirm that I have read and understood the information leaflet for the <b>PIMMS-WL</b> trial (Version, dated $\frac{\text{DD/MM/YYYY}}{\text{DD/MM/YYYY}}$ ). I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.								i I									
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.																	
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.																	
4.	I understa from the F regulatory research. all informa way in the	auth give	IS-Wi orities perm collect	L rese s or fronission ted wi	arch to om the for th II be u	eam at NHS lese in sed fo	t the Trust dividu r this	Univer, whe uals to resea	rsity re it hav	of Bi is rel e aco	rming evant ess t	ham to no my	fro ny ta reco	m the king ords.	e spor part ii I und	nsor, n this ersta	from s and that	
5.	I understa from me i				missio	n for t	the P	MMI	S-W	L res	earch	ı tea	m to	use	anon	ymo	us quotes	
6.	I consent securely to will be tra	ransfe	erred a	and st	ored a	at the	Unive	ersity o	of Bi	rming	ham	Clini	cal T	rials	Unit.	The	recording	
7.	I agree to	take	part i	n the	above	study	•											
Name	of Participa	nt:		•••••				Date				•••••						<u>. i.</u>

Name of Person taking consent:						
Signature:	Date:					
	Original to be filed in the Site File; 1 copy for participant; 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					