

### 3 Consent forms

#### **An investigation of the scale scope and impact of skill mix in primary care**

##### **Consent Form - Patient**

If you are happy to participate, please complete and sign the consent form below

	<b>Activities</b>	<b>Initials</b>
1.	I confirm that I have read the attached information sheet (Version 7, 16/09/2018) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2.	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it may not be possible to remove my data from the project once it has been pseudonymised and forms part of the data set. I agree to take part on this basis	
3.	I agree to notes being made by the researcher during an observation session	
4.	I agree that any data collected may be published in anonymous form in academic books, reports or journals	
5.	I understand that there may be instances where during the course of the observation information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
6.	I understand that data collected during the study may be looked at by individuals from the University of Manchester, 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 data.	
7.	I agree to take part in this study	

#### **Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Two copies to be signed: 1 copy for the participant, 1 copy for the study file (original).

## **An investigation of the scale scope and impact of skill mix in primary care**

### **Consent Form – Patient Participation Group (PPG)**

If you are happy to participate, please complete and sign the consent form below

	<b>Activities</b>	<b>Initials</b>
1	I confirm that I have read the attached information sheet Version 7, 16/09/2018 for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it may not be possible to remove my data from the project once it has been pseudonymised and forms part of the data set. I agree to take part on this basis	
3	I agree to the focus group being audio-recorded and and transcribed by a University of Manchester approved transcription service.	
4	I agree that any data collected may be published in anonymous form in academic books, reports or journals	
5	I understand that there may be instances where during the course of the focus group information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
6	I understand that data collected during the study may be looked at by individuals from the University of Manchester, 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 data.	
7	I agree to take part in this study	

#### **Data Protection**

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\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Two copies to be signed: 1 copy for the participant, 1 copy for the study file (original).

## **An investigation of the scale scope and impact of skill mix in primary care**

### **Consent Form – Practice staff**

If you are happy to participate, please complete and sign the consent form below

	<b>Activities</b>	<b>Initials</b>
1	I confirm that I have read the attached information sheet (Version 7, 16/09/2018) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it may not be possible to remove my data from the project once it has been pseudonymised and forms part of the data set. I agree to take part on this basis	
3	I agree to interviews being audio-recorded and transcribed by a University of Manchester approved transcription service, and I agree to notes made by the researcher during observations.	
4	I agree that any data collected may be published in anonymous form in academic books, reports or journals	
5	I understand that there may be instances where during the course of the individual interview/ observation information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
6	I understand that data collected during the study may be looked at by individuals from the University of Manchester, 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 data.	
7	I agree to take part in this study	

#### **Data Protection**

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\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Two copies to be signed: 1 copy for the participant, 1 copy for the study file (original).