

Consent form for HCPs

Recordings



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HEALTHCARE PRACTITIONER PRE-RECORDING CONSENT FORM FOR VIP STUDY

Please write your initials in the relevant spaces:

(Please initial ONLY those statements where you AGREE to what is being asked):

1. I confirm that I have read and understand the Information Sheet for the above study and had the opportunity to ask questions, and any questions I had were answered to my satisfaction. _____ ☐
2. I understand that my participation is voluntary. _____ ☐
3. I understand that I am free to withdraw from the study up to six weeks post birth. If I do withdraw my consent the recording of the birth will be edited so that I do not appear in it. If this is not practicable the recording will be destroyed _____ ☐
4. I agree to be either video or audio recorded, as consented to by the woman in labour. _____ ☐
5. I agree to take part in the study. _____ ☐

Continued overleaf

6. I understand that the recording collected during the study may be looked at by individuals from the research team and will be retained for up to ten years, after which time it will be destroyed. Audio-only versions of selected parts of the recordings may be sent to professional transcribers and/or, where relevant, translators. My anonymity and confidentiality will be maintained. _____

☐

7. I understand that by taking part, I am agreeing that the researchers may use anonymous extracts from the *transcripts* of my audio/video-recording in publications and presentations about the findings of this study and for training/teaching students and healthcare professionals. _____

☐

8. My choices for how the researchers can use my data:

A. I agree that the researchers can use *digitally anonymised* clips from my video or audio recording for presentations and training of students or healthcare professionals. _____

☐

B. If I am video recorded, the researchers can use **only** *digitally anonymised audio clips* for presentations and training of students or healthcare professionals. _____

☐

C. If I am video recorded, I agree that the researchers can use *digitally anonymised* photographs from my video recording in publications about the findings of the study. _____

☐

9. I agree that the research team can use the written, video and sound material collected in this study for other, future studies within the terms I have agreed above. _____

☐

10. I agree that the research team can deposit the anonymous transcript of

Continued overleaf

my recording in the UK Data Archive so that it can be accessed and used

by other researchers in the future. _____



Name (please print): _____

Signature: _____

Date: _____

Name of Person
taking Consent: _____

Signature of Person
taking Consent:

Date: _____

Consent form for HCP interviews



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INTERVIEW CONSENT FORM FOR HEALTHCARE PRACTITIONERS

**Please write your initials in the relevant boxes:
(only initial those boxes where you agree to what is being asked):**

1. I confirm that I have read and understand the Information Sheet
for the above study and had the opportunity to ask
questions. _____

☐

2. I understand that my participation is voluntary and that I am free
to withdraw at any time, without giving any reason, until six weeks
after the interview.

☐

3. I agree to take part in the study.

☐

4. I agree that my interview can be audio-
recorded. _____

☐

5. I understand that the interview recordings and transcripts will be analysed by individuals from the research team and will be retained for up to ten years, after which time they will be destroyed. Audio recordings may be sent to professional transcribers to be typed up. My anonymity and confidentiality will be respected. _____

☐

6. I understand that by taking part, I am agreeing that the researchers may use **anonymous extracts** from the transcript of the audio recorded interview in publications and presentations about the findings of this study and for training/teaching students and healthcare professionals. _____

☐

7. I agree that the researchers can use the written and audio interview material collected in this study for other, future studies within the terms I have agreed above. _____

☐

8. I agree that the research team can deposit the anonymous transcript of my interview in the UK Data Archive so that it can be accessed and used by other researchers in the future. _____

☐

Name (please print): _____

Signature: _____

Name of Person

taking Consent: _____

Signature of Person

taking Consent:

Date: _____

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