

## Consent Form

**Study Title:** Developing a Patient and Public Involvement (PPI) intervention to enhance Recruitment and Retention In Surgical Trials (PIRRIST)

**Lead Researcher:** Joanna Crocker / email [pirrist@phc.ox.ac.uk](mailto:pirrist@phc.ox.ac.uk) / tel 01865 617837

please initial  
each box:

**Please read and initial the following declarations if you would like to take part:**

- |    |   |                          |
|----|---|--------------------------|
| 1. | I have read the study information sheet (version 3, dated 16/02/16), had the opportunity to ask questions and received satisfactory answers.                                    | <input type="checkbox"/> |
| 2. | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee               | <input type="checkbox"/> |
| 3. | I understand that my participation is voluntary and that I am free to withdraw myself or my data at any time, without giving any reason, and without any negative consequences. | <input type="checkbox"/> |
| 4. | I understand that the focus group will be audio-recorded.   | <input type="checkbox"/> |
| 5. | I understand who will have access to personal data provided.  | <input type="checkbox"/> |
| 6. | I understand how personal data will be stored and what will happen to the data at the end of the project.   | <input type="checkbox"/> |
| 7. | I understand what will happen to the results of the study.  | <input type="checkbox"/> |
| 8. | I understand how to raise concerns or make a complaint.   | <input type="checkbox"/> |
| 9. | I agree to take part in the focus group.  | <input type="checkbox"/> |

**Please print your name, then sign and insert the date below:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please also fill in your details overleaf.**

When the researcher receives your form, s/he will sign below and return a copy to you.

Name of researcher: \_\_\_\_\_

Focus group ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Participant Details

Please let us know your contact details so we can keep in touch.

Email address:

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Telephone and/or mobile number:

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Postal address:

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Preferred mode of contact (please circle):      Email / Telephone / Post

What is your **role** in surgical trial(s)? Please tick all that apply:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | PPI Co-ordinator or PPI Lead within a research centre or institution |
| <input type="checkbox"/> | Research Nurse   |
| <input type="checkbox"/> | Trial Manager or Co-ordinator  |
| <input type="checkbox"/> | Chief Investigator   |
| <input type="checkbox"/> | Co-Investigator  |
| <input type="checkbox"/> | Other (please specify): _____  |

So that we know a bit more about who took part in our focus groups, please fill in the following information about yourself (optional):

Age:

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Gender:

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Ethnicity:

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Please return this completed form to **Joanna Crocker** in person, by email ([pirrist@phc.ox.ac.uk](mailto:pirrist@phc.ox.ac.uk)), by fax (01865 289412), or by post (Nuffield Department of Primary Care Health Sciences, Gibson Building 1<sup>st</sup> Floor, Radcliffe Observatory Quarter, Oxford OX2 6GG). To request a freepost envelope please email Joanna or telephone 01865 617837.

**Thank you.**