



National Institute for Health Research

CONSENT FORM FOR FAMILY MEMBER/CARER PARTICIPANTS, PHASE 1 #2

**Understanding shared decision making about major surgery:
a qualitative study**

version 1.2, 13 December 2018

Name of Researcher: _____

If you agree, please initial box

1. I confirm that I have previously been involved in an earlier phase of this study (delete if not applicable). I have read the information sheet dated..... (version.....) for this part of the study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.		
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.		
3. I understand that data collected during the study may be looked at by individuals from University of Oxford, from regulatory authorities and from the NHS Trust(s), where it is relevant to my taking part in this research.		
4. I agree to the use of anonymised quotes in research reports, publications and presentations.		
5. I agree to take part in this part of the study.		
Additional		
6. I agree to audio recording of a follow up interview	Yes	No

Name of Participant *Date* *Signature*

Name of Person taking *Date* *Signature*
Consent

**1 copy for participant; 1 copy for researcher site file*