



National Institute for Health Research

CONSENT FORM FOR FAMILY MEMBER/CARER PARTICIPANTS, PHASE 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 read the information sheet dated..... (version.....) for this 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 audio recording of the focus group and the use of anonymised quotes in research reports, publications and presentations.	
5. I agree to take part in this study.	

Name of Participant *Date* *Signature*

Name of Person taking Consent *Date* *Signature*

Carer/family member Consent Form Understanding decision making about high risk surgery: a qualitative study of shared decision making by patients and their clinical teams Chief Investigator: Sara Shaw	Version/Date: 1.2, 13 December 2018 IRAS Project number: 256208 REC Reference number: TO ADD
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**1 copy for participant; 1 copy for researcher site file*

Carer/family member Consent Form	Version/Date: 1.2, 13 December 2018
Understanding decision making about high risk surgery: a qualitative study of shared decision making by patients and their clinical teams	IRAS Project number: 256208
Chief Investigator: Sara Shaw	REC Reference number: TO ADD