

Office use only
Participant ID Number:
(Post Randomisation)



Lifestyle Matters Participant Consent Form

Participant Screening Number:

Name of Researcher:

Please *initial* each box

1.	I confirm that I have read and understand the information sheet dated XX/XX/XXX (Version X) for the above 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. <u>If I do withdraw from the study for any reasons I understand that the team will not withdraw previously collected data unless I request that they do so.</u>	
3.	I understand that my personal information will be kept confidential and held in a secure place at the Universities of Sheffield or Bangor.	
4.	I understand that data collected from me during the study will be anonymised and no identifying, recognizable or sensitive information will be used in reports or publications.	
5.	I understand and agree that data collected from me during the study can be looked at by authorized persons at the Universities of Sheffield, Bangor, Sheffield Hallam and relevant regulatory authorities.	
6.	I understand and agree that the data I provide can be archived at the UK Data Archive and that other genuine researchers will have access to this data only if they agree to preserve confidentiality.	
7.	I understand that information held and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my health status. To do this, I understand that my name, postcode and date of birth will be shared with the NHS Health and Social Care Information Centre.	
8.	I understand and give permission for group meetings or interviews that I may be asked to take part to be video/audio recorded and for the resulting data to be used in reports and publications including direct quotation.	
9.	I agree to my GP being informed of my participation in the study and for you to contact my GP in the event of any incident. Name and address of GP:	
10.	I agree to take part in the above study.	

_____ **Name of Participant** _____ **Date** _____ **Signature**

_____ **Name of researcher** _____ **Date** _____ **Signature**

When completed, 1 for participant; 1 for researcher site file