Consent Form

Research Project: **New ways-of-working and delivering healthcare in a post-Covid-19 pandemic world**

This consent form will have been given to you with the Participant Information Sheet. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions please contact a member of the research team, whose details are set out on the Participant Information Sheet

If you are happy to take part in a research interview, please sign and date the form. You will be given a copy to keep for your records.

* I have read and understood the information in the Participant Information Sheet which I have been given to read before asked to sign this form;
* I have been given the opportunity to ask questions about the study;
* I have had my questions answered satisfactorily by the research team;
* I agree that anonymised quotes may be used in the final Report of this study;
* I understand that my participation is voluntary and that I am free to withdraw at any time until the data has been anonymised, without giving a reason;
* I agree to take part in the research

Name (Printed)………………………………………………………………………….

Signature……………………………………………………. Date…………………….