

Participant Identification Number (PIN): _____

Informed Consent Form

Study: ADMISSION-CPA: Clinical decision-making and patient pathways for multiple long-term conditions in hospital patients. Semi-structured interviews with healthcare professionals.

Senior methodologist: Dr Jana Suklan

Lead methodologist: Dr Sara Pretorius

All Participants	Please initial these boxes to confirm:
I have read and understood the Participant Information Sheet (V1.0, 12/09/2023) for the above study.	
I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without my legal rights being affected.	
I understand that I can withdraw permission to use data from my interview up until the point it had been analysed.	
I accept that the researchers take no liability for any accidental breach of patient confidentiality by myself during the interview. I understand that this information will be omitted from any output arising from the interview, but that an audio recording (if consented to, below) may remain.	
I understand that my details, interview recording and/or associated documents may be accessed by authorised individuals of the sponsor team for the purposes of audit.	
I give permission, for the publication of anonymised quotes.	
I agree to participate in the above titled study.	

Optional	Please initial if you agree
I give my consent for the conducted interview to be audio and/or video recorded and stored securely for a period of five years.	
I understand that I may be contacted after the interview, if required, for clarification of key points.	
I am willing to be contacted to take part in future research and give permission for my contact details (name and email address) to be stored on a secured database for this purpose.	

Name of Participant

Signature

Date (dd.mm.yyyy)