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PARTICIPANT CONSENT FORM

Evaluating the Effectiveness of Community Health Nurse Led and Text Messaging Interventions to Improve Breast Cancer Screening in Ghana: A Multi-Arm Randomised Controlled Trial

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Thank you for your interest in this research project. Before agreeing to participate, please read the Information Sheet. If you have any questions, please ask a researcher. You will be given a copy of this Consent Form, and one will be retained by the researcher.

I agree that (please tick)

(√)

I have read the information sheet and understand the purpose of the research.	
I understand that if I decide to no longer take part in this research I can leave the research intervention at any time. I understand that I can withdraw my data any time prior to publication.	
I understand that should I wish to withdraw my contribution I can contact Joshua Okyere via joshua.okyere@hud.ac.uk or +233249004634. I understand that I can withdraw at any time without giving a reason provided I notify the principal investigator.	
I understand that my personal information will be processed only for the purposes of this research. I understand that such information will be treated as confidential, except where legal obligations require information to be shared with relevant personnel, and handled in accordance with the provisions of the General Data Protection Regulation (GDPR) and UK Data Protection Act 2018.	
I understand that the information I share may be included in any resulting report.	
I consent to the research team having access to any results derived from this study for any subsequent analyses or publications in the future. I understand that any identifying information would be kept	

confidential (except where legal obligations require information to be shared with relevant personnel), and access limited strictly to the original study team and database team.	
I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.	
I understand that the information I provide will be retained for [10 YEARS] and destroyed [AFTER THIS TIME].	
I understand that I will not be able to access or modify the research data that I have contributed	
I agree that the project named above has been explained to me to my satisfaction and I agree to take part in this research.	
I have read and understood the institution's Data Protection Policy and consent to the researchers processing my personal data accordingly.	

PRINT NAME: _____

SIGNATURE: _____

DATE: _____