

Study ID _____

Date _____

Time _____

CONSENT FORM

Title of Project: Resilience Training for Surgeons

Name of Researcher: Mr Stephen Richer

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated 15/01/18(version 1.1) 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.

3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the research team, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

4. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the outputs that result from the research.

5. I understand taking part in the research will include being recorded (audio) but that these recordings will only be used for assessment by an appropriate independent ACT assessor to rate fidelity and will be deleted afterwards.

6. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Person taking consent.

Date

Signature

This form should be signed and dated by all parties after the participant receives a copy of the participant information sheet and any other written information provided to the participants. A copy of the signed and dated participant agreement form should be kept with the project's main documents which must be kept in a secure location.