

NCT07211698

A QUALITATIVE STUDY EXPLORING ETHNIC
MINORITIES' EXPERIENCES OF HEALTHCARE
INTERVENTIONS DELIVERED AT HOME OR IN
COMMUNITY CENTRES

[Ethnic Minorities' Experiences of Healthcare Intervention](#)

18 JANUARY 2026



Ethnic Minorities

Experiences of Healthcare Intervention

INFORMED CONSENT FORM
(for Individuals Delivering Falls Prevention Intervention in the Community)

Version 1.0, 18.01.2026

Short Study Title: Ethnic Minorities' Experiences of Healthcare Intervention

REC Project ID: FMHS 212-0725

Name of Chief Investigator: Dr Katie Robinson

Name of PhD Researcher: Mrs Joy Watterson

Participant ID: _____

Please initial box

1. I confirm that I have read and understand the information sheet version number 1.0 dated 18/01/2026 for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. ☐
3. I understand that my data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
4. I understand that the interview will be recorded and that anonymous direct quotes from the interview may be used in the study reports and PhD thesis. ☐
5. I understand that my contact information held and maintained by the research team may be used to help contact me or provide information about study findings. ☐
6. I understand that the information collected about me may be used to support other research in the future and may be shared anonymously with other researchers. ☐
7. I agree to take part in the above study. ☐

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

Governance Team Use Only – DO NOT DELETE



Version Control and Revisions History

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Version	Date	Amendment	Made by
V1.1	11-JUL-2024	Previous version	Kimberly Byrne
V1.2	15-OCT-2025	Version control applied to existing document. Clause 2 updated in response to GDPR transparency wording update. Clause 6 updated	Kimberly Byrne