

NCT07211698

---

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

---

Ethnic Minorities' Experiences of Healthcare Intervention

27 OCTOBER 2025



## INFORMED CONSENT FORM (WRITTEN)

Version 3.0, 27.10.2025

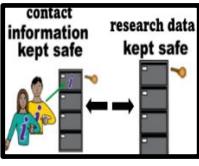
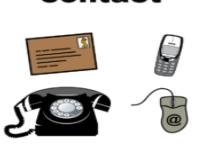
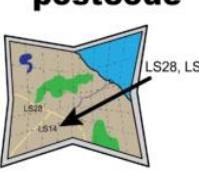
REC ref: FMHS 212-0725

**Participant number:** \_\_\_\_\_

**Chief Investigator:** Dr Katie Robinson

*Please write your initials on the box to confirm.*

information	
	I have <b>read and understand</b> the <b>information</b> sheet PIS version 3.0 dated 27.10.2025 for the above study and I confirm I have had the opportunity to ask questions.
1. <b>volunteering</b> 	I <b>understand</b> that <b>taking part</b> is my <b>choice</b> and that I am <b>free to withdraw at any time</b> .
2. 	I <b>understand</b> that if I <b>withdraw</b> , any <b>information</b> collected <b>about me</b> up until this point <b>will be kept</b> and used in the final study report.
3. <b>checking</b> 	I <b>understand</b> that the <b>results</b> of the interview may be <b>looked</b> by <b>someone not part</b> of the <b>study team</b> to <b>check</b> that the study is being <b>carried out correctly</b> as required by UK law.
4. 	I <b>consent</b> to the use of an <b>interpreter</b> , <b>direct quotes</b> , <b>fieldnotes</b> , <b>audio recording</b> , and <b>transcription</b> of the <b>interview</b> .
5.	

	<p>6. I <b>consent</b> to the <b>storage</b> of my <b>personal information</b> for the purposes of this study including on a computer.</p>	
	<p>7. I <b>understand</b> that any <b>information</b> that could identify me will be <b>kept confidential</b> and no personal information will be included in the study report or other publications.</p>	
<b>do not share information</b> 	<p>8. I <b>agree not to disclose</b> anything that has been discussed during the study <b>conversations outside of the study</b>.</p>	
<b>agree</b> 	<p>9. I <b>agree</b> to <b>take part</b> in the <b>study</b>.</p>	
<b>Optional</b>		
<b>private information</b> 	<p>10. I am <b>happy</b> for the <b>researcher</b> to <b>have my contact information</b> to get in touch with what the study found.</p>	
<b>contact</b> 	<p>11. I am <b>happy</b> for the <b>researcher</b> to <b>contact me</b> to take part in <b>future research</b> study.</p>	
<b>postcode</b> 	<p>12. I am <b>happy</b> for the <b>researcher</b> to <b>use</b> my <b>postcode</b> for deprivation index that means checking whether where people live have any influence on the healthcare intervention delivered to them at home or in community centres.</p>	

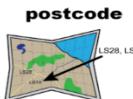
## Participants contact details



Telephone:



Email:



Postcode **NOT** your full address:

Name of participant:

Participant's signature:

Date:

First Name and Surname (BLOCK CAPITALS)		
--	--	--

Name of researcher:

Researcher's signature:

Date:

First Name and Surname (BLOCK CAPITALS)		
--	--	--

## FOR WITNESS OR INTERPRETER/TRANSLATOR USE ONLY

Complete this section if participant is not able to read the study information and/or sign for themselves but has capacity to give consent OR if the study information has been interpreted or translated to the participant.

### WITNESS STATEMENT:

I witnessed accurate reading of the consent form to the potential participant, who could ask any questions and received satisfactory answers

I confirm that participant gave their consent freely.

Witness	Signature	Date
First Name and Surname (BLOCK CAPITALS)		

### INTERPRETER/TRANSLATOR STATEMENT:

I was present during the meeting between the researcher Joy Watterson and the participant. I translated/ interpreted information for the participant.

I confirm that study information was interpreted/ translated accurately.

Interpreter/translator	Signature	Date
First Name and Surname (BLOCK CAPITALS)		