

NCT07211698

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

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Ethnic Minorities' Experiences of Healthcare Intervention

27 OCTOBER 2025






## INFORMED CONSENT FORM (WRITTEN)







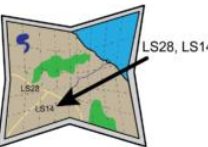
Version 3.0, 27.10.2025  
REC ref: FMHS 212-0725

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




**Chief Investigator:** Dr Katie Robinson

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

<p><b>information</b></p>  <p>1.</p>	<p>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.</p>	
<p><b>volunteering</b></p>  <p>2.</p>	<p>I <b>understand</b> that <b>taking part</b> is my <b>choice</b> and that I am <b>free to withdraw</b> at <b>any time</b>.</p>	
<p><b>stop</b></p>  <p>3.</p>	<p>I <b>understand</b> that <b>if I 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.</p>	
<p><b>checking</b></p>  <p>4.</p>	<p>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.</p>	
<p><b>print</b></p>  <p>5.</p>	<p>I <b>consent</b> to the use of an <b>interpreter</b>, <b>direct quotes</b>, <b>fieldnotes</b>, audio <b>recording</b>, and <b>transcription</b> of the <b>interview</b>.</p>	

 <p>6.</p>	<p>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.</p>	<p>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>	
<p><b>do not share information</b></p>  <p>8.</p>	<p>I <b>agree not to disclose</b> anything that has been discussed during the study <b>conversations outside</b> of the <b>study</b>.</p>	
<p><b>agree</b></p>  <p>9.</p>	<p>I <b>agree</b> to <b>take part</b> in the <b>study</b>.</p>	
<p><b>Optional</b></p>		
<p><b>private information</b></p>  <p>10.</p>	<p>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>	
<p><b>contact</b></p>  <p>11.</p>	<p>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>	
<p><b>postcode</b></p>  <p>12.</p>	<p>I am <b>happy</b> for the <b>researcher</b> to <b>use my 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 <b>NOT</b> your full address:

Name of participant:

Participant's signature:

Date:

<i>First Name and Surname</i> (BLOCK CAPITALS)		
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Name of researcher:

Researcher's signature:

Date:

<i>First Name and Surname</i> (BLOCK CAPITALS)		
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## 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)