**Participant Consent Form**

**Research project title: Exploring the use of pre-hospital pre-alerts and their impact on patients, ambulance service and Emergency Department staff.**

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| --- | --- | --- | --- | --- |
| ***Please tick the appropriate boxes*** | | | **Yes** | **No** |
| **Taking Part in the Project** | | |  |  |
| I have read and understood the project information sheet dated 13/09/21 or the project has been fully explained to me, and I have been given the opportunity to ask questions about the project. (If you answer ‘No’ to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) | | |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time up to 4 weeks after the interview; I do not have to give any reasons why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. | | |  |  |
| I agree to take part in the project. I understand that taking part in the project will involve taking part in a telephone interview. | | |  |  |
| I consent to being audio recorded. I understand that I may ask the researcher to stop recording at any time. | | |  |  |
| **How my information will be used during and after the project** | | |  |  |
| I understand that my responses will be kept strictly confidential by the research team and my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. | | |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be identified or identifiable in any report or reports that result from the research, but anonymised quotations may be used. | | |  |  |
| I understand and agree that other authorised researchers will have access to my data and may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
|  |  |  | | | |
| Name of participant [printed] | Signature | Date | | | |
|  |  |  | | | |
| Name of researcher [printed] | Signature | Date | | | |
|  |  |  | | | |

**Project contact details for further information:**

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In the event of a complaint, please contact Dr Fiona Sampson, University of Sheffield [f.c.sampson@sheffield.ac.uk](mailto:f.c.sampson@sheffield.ac.uk), telephone 0114 2220687