**INCLUSIVE REMOTE CARE**

**Study title:** Identifying the best ways to deliver health care for people from ethnic minority groups living with chronic obstructive pulmonary disease (COPD) and other health conditions.

**Research Ethics Committee Reference:** **23/EE/0149**

Participant informed consent form (Patient/Carer)

Thank you for your interest in this study.

Should you wish to join in the study, please consider the statements below. Initial those you agree with, then your signature confirms that you are willing to participate in this research. There is no pressure to take part.

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| **Statement** | **Please add name initials in box** |
| 1. I confirm that I have read the Participant Information Sheet dated **[23 June 2023] version [3.0]**; 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 stop taking part in the study at any time without giving any reason and without my rights and care being affected. |  |
| 3. I understand that my information will be kept confidential and only be used by the study team and the study transcriber. |  |
| 4. I understand that my data will be securely stored in Queen Mary University of London and in accordance with the data protection guidelines of the Queen Mary University of London for 5 years. The typed documents will not identify me in any way. The audio recording will be destroyed at the end of the study. |  |
| 5. I understand that if I withdraw from the study at any time, the study team will only keep any information collected about me which will not be identifiable. Any personal contact details will not be kept and will be deleted. |  |
| 6. I understand that the data collected during the study, may be looked at by individuals from Queen Mary University of London, NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to the data. |  |
| 7. I agree to the interview being audio recorded and typed in full. |  |
| 8. I know that the researcher may ask me to take photographs, but that it is up to me whether I am comfortable doing this. |  |
| 9. I know that the researcher may ask me to share and discuss the photographs with them or in a group of three other people like me. |  |
| 10. I agree to share photographs and take part in the discussion. |  |
| 11. I understand that the discussion will be audio-recorded and typed in full. |  |
| 12. I agree for my information collected to be published as part of this research in a non-identifiable way. |  |
| 13. I know I will be asked to sign a form in which I can state whether and how I want the photographs to be used in educational materials and/or public display e.g., conferences, exhibitions. |  |
| 14. I understand that the researcher will not identify me in any study outputs using my name or personal information. |  |
| 15. I understand that the information collected in this study may be used to support other research in the future, and it may be shared with other researchers without my name or personal information. |  |
| 16. I agree to take part in the study. |  |

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| Participant name: | Date: dd/mmm/yyyy | Participant Signature: |
| Researcher name: | Date: dd/mmm/yyyy | Researcher Signature: |

You can return the completed form by email (ratna.sohanpal@nhs.net). You can also send the form by post in the pre-paid envelope provided, no stamp is required.

Study researcher:

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