**INFORMED CONSENT FORM**

**Title of project:** Exploring the landscape of clinical placements: how do medical students experience and demonstrate skills development in wound closure? A phenomenographic study.

**Name of researcher: Trish Brown**

**Please initial box**

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| --- | --- |
| 1. I confirm that I have read and understand the subject information sheet dated **17/01/24 version 2** for the above study. I may keep this information sheet for my records, and I have had the opportunity to ask questions which have been answered fully. |  |
| 2. I understand that my participation is voluntary, and I am free to withdraw, without giving any reason and without being penalised or disadvantaged in any way. If I wish to withdraw AFTER my interview or focus group, I understand that I must do so within 2 weeks so that my data can be extracted and deleted. |  |
|  |  |
| 3. I understand that sections of my recorded comments and transcript text may be looked at by responsible individuals from Imperial College London. I give permission for these individuals to access this data as relevant to this and future research. |  |
| 4. I am willing to have this interview/focus group audio/video\* recorded. |  |
| 5. I understand that this consent form will be kept separate from the data and that the researchers will maintain my anonymity throughout the project, including in publication. |  |
|  |  |
| 6. I agree to take part in the above study. |  |

\* *Delete as appropriate*

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**Name of Participant Date Signature**

**(Printed)**

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**Trish Brown \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Researcher Date Signature**

**(Printed)**

*1 copy for subject; 1 copy for researcher*