

CONSENT FORM FOR PARTICIPANTS

Co-designing the future of hospice care

To be understood and signed by the participant, and returned by email to: a.tibbles@liverpool.ac.uk

1. Do you confirm that you have read and understood the information sheet dated 25/09/2023 for the above study? YES/NO
2. Do you confirm that you have had the opportunity to consider the information, ask questions and have had these answered satisfactorily? YES/NO
3. Do you agree that you are able to independently talk about your experience of hospice care and answer questions in the English language? YES/NO
4. Do you understand that your participation in this study is voluntary, and will involve working respectfully with others towards a joint goal? YES/NO
5. Do you understand that you are free to withdraw at any time without giving any reason and without your rights being affected? In addition, I understand that I am free to decline to answer any particular question or questions YES/NO
6. Do you agree that quotes from what you say or write during the activities can be used for this research project, on the condition that your identity will be made entirely anonymous? YES/NO
7. Do you understand that this signed consent form will be kept securely in line with data protection requirements at the University of Liverpool until the study is complete? YES/NO
8. Would you or would you like for someone close to you to receive the outcomes of the study by email? If so, please provide below. YES/NO
9. I understand that I can ask for access to the information I provide and I can request the destruction of that information if I wish at any time prior to publication. I understand that following publication I will no longer be able to request access to or withdrawal of the information I provide. YES/NO
10. Do you agree to the email address of someone close to you being shared with the researchers for the sole purpose of contacting them about the outcomes of the research? YES/NO
11. Do you agree to take part in the above study? YES/NO

Your full name: _____

By signing below, I consent to participate in the above study.

Your Signature: _____

Date: _____

Email (for the researcher to contact you): _____

Email (to receive outcomes of study): _____

Principal Investigator

Dr Farnaz Nickpour

Farnaz.nickpour@liverpool.ac.uk

PhD Researcher

Andrew J Tibbles

a.tibbles@liverpool.ac.uk

(FOR THE RESEARCHER USE)

Countersignature of who took consent

Full name: _____

Signature: _____

Date: _____

Principal Investigator
Dr Farnaz Nickpour
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PhD Researcher
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