**Women’s Health and Wellbeing Services for Women aged 40-65 in East Sussex**

Name of Researcher: Dr Kiersten Simmons

**Consent Form for Providers.** Version 1.1 Date: 21.2.24

Please read the following points and put your initials in the column next to each point to show that you agree, and then sign your name at the bottom of the page.

|  |  |
| --- | --- |
|  | YOUR INITIALS to show agreement |
| 1. I have read the Information sheet (Version 1. Date 18.1.24) and have been offered a copy to keep and had the opportunity to ask questions about the study. |  |
| 1. I have been given contact details for people I can talk to about whether to take part and if I have further questions. |  |
| 1. I understand that taking part involves me participating in an interview to discuss women’s health and wellbeing services. |  |
| 1. I agree to be audio-recorded. A third-party company, which has signed a confidentiality agreement with the University Hospitals Sussex NHS Foundation Trust, will put the audio data (which will not include any information which can identify you) into written form. The anonymised audio-recording will be stored separately from your name and contact details in a password-protected, encrypted form on the University Hospital Sussex NHS Foundation Trust network. |  |
| 1. I understand that I can change my mind and withdraw participation at any time without giving a reason but that the information I have already given will still be used if it has already been de-identified. |  |
| 1. I agree to take part in this study. |  |

**PARTICIPANT SIGNATURE:**

**PARTICIPANT PRINT NAME and DATE:**

**PRINCIPAL INVESTIGATOR (PI) SIGNATURE, NAME AND DATE:**

Optional Questions (please put a tick in either the box ‘yes’ or the box ‘no’:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| I wish to receive updates about the findings of this study |  |  |
| I agree to be contacted about similar studies in the future |  |  |