# Agreeing to take part in NHS research

The NHS Business Services Authority (NHSBSA) helps the NHS by providing a number of services, from getting people help with their health costs to providing NHS pensions. We carry out research to learn what people need from our services. Your researcher, and the information sheet provided, will help you answer the below questions about taking part.

### Please tell us what you give permission for:

(Circle the answers you want to give):

|  |  |  |
| --- | --- | --- |
| **I agree to take part in this research session**  | Yes | No |
|  |
| **I agree for you to take notes for analysis purposes** | Yes | No |
|  |
| **I agree that a voice recording can be made and used:** |  |  |
| * for reference by NHS staff
 | Yes | No |
| * if we share this research with NHS colleagues, or organisations involved in policy decisions or giving advice or support to the public
 | Yes | No |
|  |
| **I agree that my photograph can be taken and used:** |  |  |
| * for reference by NHS staff
 | Yes | No |
| * if we share this research with NHS colleagues, or organisations involved in policy decisions or giving advice or support to the public
 | Yes | No |
|  |
| **I agree that a video recording can be made and used:** |  |  |
| * for reference by NHS staff
 | Yes | No |
| * if we share this research with NHS colleagues, or organisations involved in policy decisions or giving advice or support to the public
 | Yes | No |
| * **I agree that this session can be live streamed to other NHS staff**
 | Yes | No |
|  |  |  |

The details of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ project were explained to me by:

Researcher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your agreement:**

I have received a copy of the research information sheet, and give my informed, voluntary consent to take part in this research as described above. I understand I can stop taking part at any time, and this will never affect the service or entitlements I get from the NHSBSA.

(Circle the answers you give us permission for)

|  |  |  |
| --- | --- | --- |
| **Would you be happy for us to contact you again?**  |  |  |
| About this research project  | By Email | By Phone |
| To take part in further NHSBSA research  | By Email | By Phone |

If you have answered yes, please provide your contact details below.

**Please contact me via at least one of the following methods (please print):**

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Agreeing to take part in research\_V2\_01/2020]