**

**CONSENT FORM for**

**Interviews**

**Thought leaders/influencers**

**Exploring the impact of non-medical prescribing on the role identity of physiotherapists**

Name of researcher Colin Waldock

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| --- | --- |
| I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily | Initial Here |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason. Contact details of researcher belowColin Waldock – c.waldock-551@kent.ac.uk | Initial Here |
| I understand that if any personal information is collected during the study the information will be anonymised and remain confidential | Initial Here |
| I understand that the interview will be digitally audio recorded and that this recording will be transcribed verbatim | Initial Here |
| I understand that verbatim quotes taken from the recording of our conversation may be used in publications and reports, but that these will be anonymised and not traceable to me | Initial Here |
| I accept that whilst my name and job title will not be identified in any publication or report associated with this work, that because of the limited number of through leaders my involvement (although not my comments) may be implied by readers | Initial Here |
| I understand the I may be contacted for further interview | Initial Here |

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Name of Participant (Print) Signature Date

Name of person taking consent Signature Date

(as this may be a telephone interview and contact is initially by email, the person taking consent will be able to sign on receipt of a signed scanned consent form from the participant)