**INCLUSIVE REMOTE CARE**

**Study title:** Exploring the problem of inclusivity and identifying solutions in remote care delivery in people with chronic obstructive pulmonary disease and multimorbidity from minoritised ethnic groups, their carers, and interpreters

**Research Ethics Committee Reference: 23/EE/0149**

Participant informed consent form (Interpreter)

Thank you for your interest in this research.

Should you wish to join in the study, please consider the statements below. Initial those you agree with, then your signature confirms that you are willing to participate in this research (N.B. you are free to withdraw at any time).

|  |  |
| --- | --- |
| **Statement** | **Add name initials in box**  |
| 1. I confirm that I have read the Participant Information Sheet dated **[23 June 2023] version [3.0]**; I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.  |  |
| 2. I understand that my participation is voluntary and that I am free to stop taking part in the study at any time without giving any reason and without my rights being affected.  |  |
| 3. I understand that my information will be kept confidential and only accessed by the study team and the study transcriber. |  |
| 4. I understand that my data will be securely stored in Queen Mary University of London and in accordance with the data protection guidelines of the Queen Mary University of London for 5 years. The typed documents will be fully anonymised. The audio recording will be destroyed at the end of the study. |  |
| 5. I understand that if I withdraw from the study at any time, the study team will only retain any information collected about me in anonymized form. Any personal contact details will not be retained and will be deleted. |  |
| 6. I understand that the data collected during the study, may be looked at by individuals from Queen Mary University of London, NHS Trust or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to the data. |  |
| 7. I agree to the interview being audio recorded and typed in full.  |  |
| 8. I agree for my information collected from this interview to be published as part of this research in anonymised form. |  |
| 9. I understand that the researcher will not identify me in any study outputs using personal information obtained from this study. |  |
| 10. I understand that the information collected from this interview may be used to support other research in the future, and it may be shared anonymously with other researchers. |  |
| 11. I agree to take part in the above study. |  |

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| Participant name: | Date: dd/mmm/yyyy | Participant Signature: |
| Researcher name: | Date: dd/mmm/yyyy | Researcher Signature: |

You can return the completed form by email (ratna.sohanpal@nhs.net). You can also send the form by post in the pre-paid envelope provided, no stamp is required.

Study researcher:

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