

[INSERT SITE LOGO]

Interview consent form (Healthcare Professionals)  
 Process Evaluation Study 3  
 Version 2.1 [22-06-18]  
 IRAS 000245

**Appendix E****PE Study 3****Title of the project:** Accelerated Partner Therapy (APT) Process Evaluation Study

Centre Number:

Study Number:

**VERBAL CONSENT FORM****(Healthcare Professionals – Telephone Interviews)**

Name of Chief Investigator: Prof. Claudia Estcourt

Researcher to  
initial boxes

1. I confirm that I have read and understood the information sheet dated 22-06-18 version 2.1 for the above study. I have had the opportunity to consider the information, ask questions and I am satisfied with the answers.
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason.
3. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
4. I understand that if I or someone else is believed to be in danger or at risk of significant harm, this will be reported directly to [name], [Lead for safeguarding] and Professor Claudia Estcourt, Chief Investigator on the study. Any allegations of poor practice discovered during the study will be reported directly to [name], Head of Service for GU/HIV medicine and [name], Service Manager.
5. I give permission for the interview to be audio-recorded and transcribed
6. I agree to the use of direct quotations from my interview in publications, reports and/or presentations provided that anonymity is preserved. I understand that the results of this study may be published; however my anonymity will be preserved.
7. I agree to take part in the above study.
8. I confirm that I am still happy for my data to be included in the study (**to be completed at the end of the session**).

Central and North West London   
 NHS Foundation Trust



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 Limiting Undetected Sexually Transmitted  
 Infections to Reduce Morbidity

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_____ Name of participant	_____ Date	_____ Time verbal consent obtained
_____ Name of person taking consent	_____ Date	_____ Signature

*When completed: 1 for researcher site file.*