

CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Managing sleep disorders: Current practices, knowledge and attitudes in Primary Care.
Ethics Approval Number:	H-2018-257

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.
3. Although I understand the purpose of the research project is to improve the quality of health/medical care, it has also been explained that my involvement may not be of any benefit to me.
4. I agree to participate in the interview and supplementary self-complete survey as outlined in the participant information sheet.
5. I agree to be audio-recorded in the interview Yes No
6. I understand that I am free to withdraw from the project at any time.
7. I have been informed that the information gained in the project may be published in a journal article/ conference presentations/ etc.
8. I have been informed that in the published materials I will not be identified and my personal results will not be divulged.
9. I agree to my non-identifiable information being used for future research purposes limited to the work of this Centre for Research Excellence into Sleep Health Services Research.
Yes No
10. My information will only be used for the purpose of this research project and it will only be disclosed according to the consent provided, except where disclosure is required by law.
11. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to _____ and in my opinion she/he understood the explanation.

Signature: _____ Position: _____ Date: _____