 **Consent Form**

Title of Project: **International transfer and translation of end of life care interventions: the case of the Liverpool Care Pathway for the Dying Patient**

Name of Researcher: Hamilton Inbadas, Shahaduz Zaman, Alexander Whitelaw, David Clark

Iconfirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

* I consent / do not consent (delete as applicable) to interviews being audio-recorded.
* I consent / do not consent to reveal my identity in any publication arising from this research.
* I consent / do not consent to anonymise my role or substitute with a cognate role
* The material will be treated as confidential and kept in secure storage at all times.
* The material will be retained in secure storage for use in future academic research
* The material may be used in future publications, both print and online.
* I agree to waive my copyright to any data collected as part of this project.
* Reports and publications resulting from this study will be available to interviewees on request.

I agree to take part in this research study [ ]

I do not agree to take part in this research study [ ]

Name of Participant ………………………………………… Signature …………………………………………………….

Date ……………………………………

Name of Researcher ………………………………………………… Signature …………………………………………………….

Date ……………………………………

End of consent form ……………………………………………………………………………………………………………………………………………