

## CONSENT FORM – CO-DEVELOPMENT WORKSHOPS

**TITLE OF PROJECT:** Intervening on hypertension in Zambia; development of a culturally sensitized lifestyle programme to reduce disease incidence in urban areas

**Name of Researcher:** Dr. Phallon B Mwaba

**1<sup>st</sup> supervisor:** Dr. Cindy Gray

**2<sup>nd</sup> supervisor:** Dr. Christopher Bunn

**3<sup>rd</sup> Supervisor:** Professor Sally Wyke

1. I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that the information I provide will be audio-recorded by the researcher and used to create a programme for preventing high blood pressure.
4. I acknowledge that in this research, I will be referred to as “Participant X”; with X being any number, to ensure my identity remains unknown; and that information will only be accessed by the researcher and always kept in secure storage.
5. I understand that the material with no information that can be used to identify me will be retained in secure storage for use in future academic research for a maximum of 10 years. All material with information that can be used to identify me will be destroyed at the end of the PhD.
6. I understand that other authenticated researchers may be given access to what I said whereby my personal details would have been removed.
7. I understand that my confidentiality will be respected unless there are compelling and legitimate reasons for this to be breached. If this was the case, I would be informed of any decisions that might limit my confidentiality.

**Tick the appropriate box:**

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 .....