University of Glasgow | College of Medical, Veterinary & Life Sciences

Title of Project: PACES: Physical Activity, social ConnectednESs and healthy ageing

VERBAL CONSENT FORM

Please listen to each statement, and say yes or no to each in turn so we know whether you agree with each statement.		**Yes**	**No**
1	I confirm that I have read and understood the Qualitative Interviews Study Information Sheet version xxxxx dated xx/xx/xxxx.		
2	I confirm that I have read and understood the Privacy Notice for PACES: Physical Activity, social ConnectednESs and healthy ageing: Qualitative Studies version xxxxx dated xx/xx/xxxx.		
3	I have had the opportunity to think about the information and ask questions, and understand the answers I have been given.		
4	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.		
5	I agree to my interview being audio-recorded.		
6	I understand that the recorded interview will be transcribed word by word by an approved third-party organisation, and that the transcript will be stored for at least 10 years in the University archiving facilities in accordance with data protection policies and regulations.		
7	I understand that my information and things that I say in an interview may be quoted in reports and articles that are published about the study, but my name or anything else that could tell people who I am will not be revealed.		
8	I understand that all data and information I provide will be kept confidential and will be seen only by study researchers and regulators whose job it is to check the work of researchers.		
9	I agree that my personal data (*e.g.* name and contact details) and research data (*i.e.* what is discussed during interviews) will be kept separately and used for the purposes of this research project, as set out in the Information Sheet and Privacy Notice.		
10	I understand that if I withdraw from the study, my data collected up to that point will be retained and used for the remainder of the study.		
11	I agree to take part in the study.		
Date of consent			
The following statements will not affect your participation in the study, please listen to each statement and answer yes or no to each statement in turn		**Please note participant's response**	
I agree to my data being deposited in a data archive and where relevant, shared with trusted researchers and educators in a form that makes it impossible for them to identify me			

I agree to be contacted about taking part in other parts of this research project (e.g., social network survey, qualitative interview, workshop)		
I would like to receive a summary of the results after the study		

To be completed by the fieldworker/researcher gaining consent: Participant ID _____	Please tick Yes or No	
I have explained the study to the above participant, given them an opportunity to ask any questions or take any additional time they need prior to consenting, and they have indicated their willingness to take part	Yes	No
Fieldworker/researcher Name		
Fieldworker/researcher Signature	*An electronic signature is acceptable*	