



Research Project Consent Form

Full title of Project: What factors influence the optometric referral reply rate?

Name: Krystynne Harvey

Researcher Position: Optometrist and Study Investigator

Contact details of Researcher: email: kip27@hotmail.com **telephone:** 07726457304

Taking part (please tick the box that applies)	Initial each statement
I confirm that I have read and understood the information sheet and the lead researcher has explained the above study. I have had the opportunity to ask questions.	
I understand that my participation is voluntary and that I am free to withdraw, up to the point of data analysis, without providing a reason.	
I agree to take part in the above study.	

Use of my information (please tick the box that applies)	Initial each statement
I understand my personal details will be kept confidential, such as my name, phone number and address including email address will not be revealed to people outside the project.	
I understand that my data/words may be quoted in publications, reports, posters, web pages, and other research outputs.	
I agree to the interview being audio recorded.	
I agree to the use of anonymised quotes in publications.	

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

When completed, 1 copy for participant; 1 copy for research file