Participant Consent

Please read each of the following statements carefully:

- I have read the participant information and have been given the opportunity to contact the student researcher to ask any questions about participating in the study.
- I understand what the study involves and that my participation is entirely voluntary.
- I understand that I can withdraw from the study without having to give a reason at any point during the study.
- I understand I can withdraw any data I have provided for up to 2-weeks after taking part in the study, after which time the data will have been included in the anonymised data set, and it will not be possible to withdraw individual data.
- I understand that to withdraw any data supplied, I only need to contact the student researcher or project supervisor.
- I understand that my data will be stored securely and processed as outlined in the participant information and privacy notice.
- I understand that the findings of this research form part of the student researcher master's degree in Health Psychology and may also be published in future.

If you agree with the statements and consent to take part in the study, please provide contact details so the researcher can contact you to arrange an interview.

Providing an email address is equivalent to providing a signature to indicate consent.

Please provide your email address here:

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