



### FACT Study Consent Form: WP3 – Workshop Participant

<b>Study Title:</b>	Facilitating Bystander Cardiopulmonary Resuscitation Training in high-risk areas (FACT) study: WP3		
<b>Ethical review reference number:</b>		<b>Version Number:</b>	V2.0, 24Aug2023
<b>Name of Lead Researcher:</b>	Dr Claire Hawkes	<b>Study ID Number:</b>	
		<b>Workshop Ref.:</b>	

			<i>Please <b>initial</b> box</i>
1.	I confirm that I have read and understood the Participant Information Leaflet dated <insert date & version> for the above project. I have had the chance to think about the information, ask questions and have had these answered satisfactorily.		<input type="checkbox"/>
2.	I consent voluntarily to be a participant in this project and understand that I can refuse to take part and can withdraw from the project at any time, without having to give a reason and without my legal rights being affected.		<input type="checkbox"/>
3.	I understand that I will not be able to withdraw my data once it has been analysed. This means I can withdraw data from my questionnaire up to a month after the Community CPR Awareness & Training Workshop.		<input type="checkbox"/>
4.	I understand that I will not be able to withdraw my data once it has been analysed.		<input type="checkbox"/>
5.	I consent to the processing of my personal information for the purposes explained to me in the Participant Information Leaflet. I understand that such information will be handled under the terms of UK data protection law, including the UK General Data Protection Regulation (UK GDPR).		<input type="checkbox"/>
6.	I understand that data collected during the study may be looked at by individuals from the study team, and may be subject to review by responsible individuals from King’s College London, The University of Warwick, Lancaster University, or from relevant regulatory authorities for monitoring and audit purposes. I give permission for these individuals to have access to my data.		<input type="checkbox"/>
7.	I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any research outputs.		<input type="checkbox"/>
8.	I agree for my contact details to be held at Warwick Clinical Trials Unit for the purpose of contacting me with information about the study.		<input type="checkbox"/>



9.	I agree to be re-contacted in the future by King's College London or University of Warwick researchers regarding this project.	<input type="checkbox"/>				
10.	I agree notes to be taken the Community CPR Awareness and Training Workshop by the research team.	<input type="checkbox"/>				
11.	I agree that the researchers may use my anonymous questionnaire data grouped with other participants anonymised questionnaire data for future research and understand that any such use of the data would be reviewed and approved by a research ethics committee. (In such cases, as with this project, data would not be identifiable in any report).	<input type="checkbox"/>				
12.	I consent to my answers to the questionnaire data being stored at a third party data storage provider, Qualtrics, as described in the participant information leaflet.	<input type="checkbox"/>				
13.	OPTIONAL: I agree that members of the study team may contact me about taking part in an interview for this study.	<table border="0"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	<b>No</b>					
<input type="checkbox"/>	<input type="checkbox"/>					
14.	I agree to take part in this study.	<input type="checkbox"/>				

Name of participant	Date	Signature
Name of researcher	Date	Signature



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