

**Participant Consent form for Research Project: “Lived experiences of coeliac disease in self-employment”**

Dear participant,

This research is being carried out by Dr Anne Steinhoff. If you agree to participate in this study, you will be interviewed by the researcher. The answers which you provide will be recorded through notes taken by the interviewer and audio recording. Please see the attached Participant Information Sheet for details about the study and your rights as a participant.

Yours,

Anne

<u>Statement of Consent</u>	<u>Please initial each box</u>
<ul style="list-style-type: none"> I confirm that I have read and understood the information provided in the Participant Information Sheet for the above study. I have had an opportunity to consider the information, ask questions and have had any questions satisfactorily answered. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that any data collected up to the point of my withdrawal will be deleted. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand that my fully anonymised data will be used for <ul style="list-style-type: none"> Research publications Knowledge exchange activities: such as blog posts 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand that the data collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I give permission for the data to be stored in the form of <ul style="list-style-type: none"> de-identified and anonymised digital transcripts, audio recordings that will be stored securely on Box storage supplied by the University of Essex for the duration of the project. anonymised digital quotes 	<input type="checkbox"/>
<ul style="list-style-type: none"> I agree for this interview to be audio recorded 	<input type="checkbox"/>
<ul style="list-style-type: none"> I agree to participate in the research project, “Lived experiences of coeliac disease in self-employment”, being carried out by Anne. 	<input type="checkbox"/>

Participant's signature_____
Date_____
Researcher's signature_____
Date