



Example – Participant Information Sheet

Use logos and a clear title

About the project

The COVID-19 pandemic has brought about profound changes to the health and care system, with rapid transformation of the way we work together and with our patients.

Organisation/Team is working with **System/Organisation/Team** to explore primary and community care perspectives on the changes that have been implemented and their future impact. The findings will **support/inform...**

Your participation

We would like you to participate in an interview to share your perspectives on the changes taking place in health and care in response to the pandemic. The interview will be conducted, either by phone or virtually through Microsoft Teams according to your preference, by trained interviewers who will arrange a suitable time to do this at your convenience in the next few weeks. The interview will last around one hour.

Your participation is voluntary and if you wish to withdraw you can do so at any time, without giving any reason.

What we will we do with the information

Before we start the interview, we will ask you for your consent and permission to record it. Recordings and the information you provide will be accessed by the research team and for transcription purposes only. All information will be handled and stored securely accordingly to GDPR requirements.

Responses will be kept confidential unless there is a concern about the safety of an interviewee or patient, in-line with safeguarding requirements.

Everything you say will be anonymised. Any quotes used in our reporting will not be attributed to you and no identifiable information will be used.

For further information

If you have any questions or comments about the interview, please contact:

XXXX, (**role in evaluation team & organisation**) on **telephone and email** or

XXXX, (**role in host or commissioning organisation**) on **telephone and email**

Thank you for your anticipated participation.

Participant consent form

Use logos and a clear title

Completed by the interviewer before the interview

Consent is necessary for us to ensure that you understand the purpose of your involvement and that you agree to the conditions of your participation.

If you are happy to proceed the interviewer will go through the following verbal consent. That you:

- **Confirm that you have read and understood the participant information sheet and agree to participate in the interview.**
- **Confirm that you understand that information you share will be handled in accordance with GDPR principles and used and shared only as described in the information sheet.**

If in agreement, interview to complete below:

Participant full name:	
Interviewer name:	
Date and time:	

Midlands Decision Support Network

Email: mlcsu.mdsn@nhs.net

Web: www.midlandsdecisionsupport.nhs.uk

Twitter: @MidlandsDSN



**Midlands
Decision Support
Network**