

CONSENT FORM FOR FOUNDATION DOCTORS IN SERVICE EVALUATION STUDY

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study:

What are Foundation Doctors' perceptions on their mandatory eLearning modules, and how could this shape future eLearning modules?

Department:

Medical Education Faculty, Royal College of Physicians (jointly run with University College London)

Name and Contact Details of the Researcher(s):

Jay Mehta – jay.mehta@nhs.net

Supervisor: Kerry Broadman – postgraduate@rcplondon.ac.uk

Contact Details of the UCL Data Protection Officer: data-protection@ucl.ac.uk

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study, or by ticking the box on the online questionnaire I am consenting to all elements of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Box
1.	*I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction.	
2.	*I understand that I will be able to withdraw my data up to 1 st May 2018.	
3.	*I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with all applicable data protection legislation.	
4.	Use of the information for this project only *I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified unless required by law. I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications.	
5.	*I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.	
6.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
7.	I understand the direct/indirect benefits of participating.	

8.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	
9.	I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future.	
10.	I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No	
11.	I consent to my focus group (if applicable) being audio/video recorded and understand that the recordings will be destroyed immediately following transcription	
12.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
13.	<p>I hereby confirm that:</p> <p>(a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and</p> <p>(b) I do not fall under the exclusion criteria.</p>	
14.	I agree that my GP may be contacted if any unexpected results are found in relation to my health.	
15.	I am aware of who I should contact if I wish to lodge a complaint.	
16.	I voluntarily agree to take part in this study.	
17.	<p>Use of information for this project</p> <p>I understand that authenticated researchers will have access to my anonymized data.</p>	

Name of participant

Date

Signature

Researcher

Date

Signature