

**CONSENT FORM – Phase 1 Participants (available in large print/Braille/translated if required)**

**Project Title:** Living with the Impact of Intimate Partner Violence: A Cross-Case Analysis of the Experiences and Support Needs of Older Women.

**Name of Chief Investigator:** Professor May-Chahal

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**Please tick and initial each box**

|   |                          |
|---|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily  | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw as set out in the information sheet attached.   | <input type="checkbox"/> |
| 3. I agree to the researcher accessing records made about any support services that I have accessed, including health and social care records. I understand that all information retrieved will be anonymised. <b>You can still participate if you do not wish your records to be accessed.</b> | <input type="checkbox"/> |
| 4. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher, including direct quotes.  | <input type="checkbox"/> |
| 5. I understand that my name or any other identifiable data will not appear in any reports, articles or presentations.  | <input type="checkbox"/> |
| 6. I understand that the interview will be recorded and transcribed and the data protected in line with Lancaster University guidelines.  | <input type="checkbox"/> |
| 7. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study.   | <input type="checkbox"/> |
| 8. I agree to the researcher sitting in and observing any meetings that might take place in relation to my care and support. You can still participate in the study if you do not wish this to happen.  | <input type="checkbox"/> |

|   |   |
|---|---|
| 9. I agree to take part in the above study. | □ |
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|                     |      |           |
|---------------------|------|-----------|
| Name of Participant | Date | Signature |
|---------------------|------|-----------|

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**Name of Researcher:** \_\_\_\_\_

**Signature of Researcher:** \_\_\_\_\_

**Date:** \_\_\_\_\_ Day/month/year

1 copy for Participant (If safe for participant)

1 copy for Researcher