



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

<b>Title of project: Improving cardiovascular disease and breast cancer prevention and management in an ethnically diverse female population through community-based salon initiatives</b>	
<b>Ethical review reference number: LRS-19/20-17551</b>	<b>Version number: 1.1</b>
	Tick or initial
1. I confirm that I have read and understood the information sheet dated <b>[11_03_22V1.3]</b> for the above project. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.	
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, up until <b>31.12.22</b>	
3. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled in accordance with the terms of the General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.	
4. I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes.	
<b><i>Point 5 concerns the level of anonymity being offered to participants. Please select the statement below that is appropriate for your project and delete the others. If participants can choose their level of anonymity, you should amend this question to clearly allow participants to select their preferred level of anonymity.</i></b>	
5. I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any research outputs	
<b><i>Points 6–19 are further suggestions that may be relevant to some projects. PLEASE DELETE THOSE THAT ARE NOT RELEVANT TO YOUR RESEARCH.</i></b>	
6. I agree to my data being shared with a third-party transcriber who will have signed a confidentiality agreement.	
7. I agree that the <b>researcher/ research</b> team may use my data for future research and understand that any such use of identifiable data would be reviewed and approved by a research ethics committee. (In such cases, as with this project, data <b>would not</b> be identifiable in any report).	
8. I consent to my participation in the research being audio recorded.	

9. I understand that I must not take part if I fall under the exclusion criteria as detailed in the information sheet and explained to me by the researcher.	
10. I agree to maintain the confidentiality of focus group discussions	
11. I understand that confidentiality cannot be guaranteed during the <b>workshop/ interventions</b> .	
12. I have informed the researcher of any other research in which I am currently involved or have been involved in during the past 12 months	
13. I understand that the information I have submitted will be published as a report	
14. I wish to receive a copy of the final report.	
15. I agree to be re-contacted in the future by King's College London researchers regarding this project.	
16. I agree that the researcher may retain my contact details so that I may be contacted in the future by King's College London researchers who would like to invite me to participate in future studies of a similar nature.	
17. I agree that the <b>researcher/ research team</b> may ask my GP to access my medical records for information only for the purposes of this research project.	
18. I agree that my GP may be contacted if any unexpected results are found in relation to my health.	

\_\_\_\_\_  
**Name of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**