



CONSENT FORM

Title of study: How do women undergoing In Vitro Fertilisation (IVF) in the UK experience the counselling support offered as part of their fertility treatment?

Name of Researcher: Ruth Paterson

Please complete and sign this form **after** you have read and understood the study information sheet. Read the following statements, and select 'Yes' or 'No' in the box on the right hand side.

7.	I agree to take part in the study:	Yes/No
	included in other academic publications, conferences/presentations or used for further research.	
6.	self or other, the researcher will have to share that information with the appropriate authorities. I understand that my anonymised data, including verbatim excerpts from the interview, will be used in the researcher's thesis. I am aware this data may be	Yes/No
5.	I understand that my personal details will be kept confidential and will not be revealed to people outside the research team. However, I am aware that if I reveal anything related to criminal activity and/or something that is harmful to	Yes/No
4.	I agree to participate by being interviewed.	Yes/No
	withdrawal, will be removed from the research. I understand that if I decide to withdraw after this time frame, the information I have given, up to the point of withdrawal, will be included in the study.	
3.	being affected. If I decide to withdraw at any point up to 2 weeks after my interview, I understand that the information I have given, up to the point of	Yes/No
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my rights	Yes/No
	I have had the opportunity to consider the information and to ask questions which have been answered satisfactorily.	
1.	I confirm that I have read and understand the study information sheet version [2], dated [23/1/2020], for the above study.	Yes/No

Version [2] Date [23/1/2020]

Date

Name of person taking consent

Signature