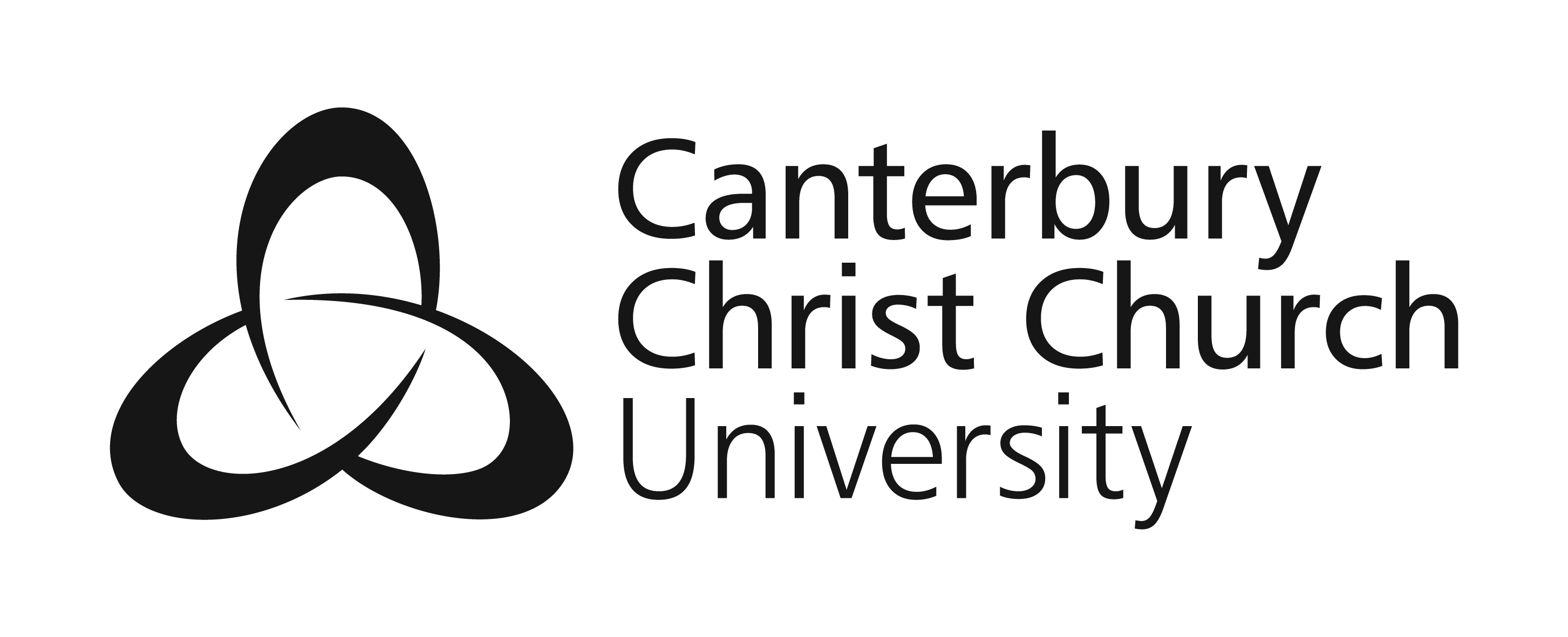
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**CONSENT FORM**

|  |  |
| --- | --- |
| **Title of Project:** | **Creating media content for the interactive AHP educator career framework website.** |
| **Name of Project team**: | John Hammond, Nicole Hilburn, Rupert Kerrell, Anne Martin, Tai frater, Sophie Gay, Jo Kileff, Kat Kynes |

**Contact details:**

|  |  |  |
| --- | --- | --- |
| **Address:** |  | School of Allied and Public Health Professions  Faculty of Medicine, Health and Social Care  North Holmes Road, Canterbury, Kent, CT1 1QU |
|  |  |  |
| **Tel:** |  | +44 1227 921854 |
|  |  |  |
| **Email:** |  | [john.hammond@canterbury.ac.uk](mailto:john.hammond@canterbury.ac.uk) |

**Please initial box if you agree**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | I confirm that I have read and understand the participant information for the above project and have had the opportunity to ask questions. |  |  |
| 2. | (If applicable) I confirm that I agree to any video recordings. |  |  |
| 3. | I understand that any personal information that I provide to the project team will be kept strictly confidential and in line with the University [Research Privacy Notice](https://www.canterbury.ac.uk/university-solicitors-office/data-protection/privacy-notices/privacy-notices.aspx) |  |  |
| 4. | I request that all the information included on the interactive internet page about me will be in the following format |  |  |
|  | 1. an edited video clip of my interview |  |  |
|  | 1. an edited audio clip of my interview and a photograph of me |  |  |
|  | 1. summary text (of my interview) and a photograph of me, |  |  |
|  | 1. summary text (of my interview) and an animation, not anonymised. |  |  |
|  | 1. summary text (of my interview) and an animation, anonymised. |  |  |
| 6. | I understand that my participation is voluntary and that I am free to withdraw my participation at any time, without giving a reason. |  |  |
| 7. | I agree to assign copyright to NHS England, who are commissioning this work, for any content agreed in item 4 |  |  |
| 8. | I agree to take part in the above project. |  |  |

|  |  |  |
| --- | --- | --- |
| Name of Participant: | Date: | Signature: |
| Name of person taking consent *(if different from researcher)* | Date: | Signature: |
| Project team member: | Date: | Signature: |

Copies: 1 for participant

1 for researcher