**INCLUSIVE REMOTE CARE**

**Study title:** Identifying the best ways to deliver health care for people from ethnic minority groups living with chronic obstructive pulmonary disease (COPD) and other health conditions.

**Research Ethics Committee Ref:** **23/EE/0149**

Participant consent form (Patient/Carer)

|  |  |
| --- | --- |
|  | **Add name initials in boxes** |
|  | * I have read or heard the information sheet (version 3.0, 23 June 2023).
 |  |
|  | * I understand what the study is about.
 |  |
|  | * I have asked questions I have needed to ask.
 |  |
|  | * I would like to take part in the interview.
 |  |
|   | * I know that I might be invited to take part in a photographic activity.
 |  |
| * If invited, I agree to take photos
 |  |
|   | * I would like to share and discuss the photos *with the researcher* or *in a small group with people like me* (delete as appropriate).
 |  |
|  | * I am happy for my voice to be audio-recorded and I know the recording will be typed in full.
 |  |
|  | * I understand I can stop at any time and do not have to give a reason.
 |  |
|  | * Any information we collect about you will be kept safe at Queen Mary University of London.
* Your name will not be recognised on any study outputs.
* The information collected will be stored for 5 years and if used for future research will be non‑identifiable.
 |  |
|  | * I would like to take part in the study.
 |  |

|  |  |  |
| --- | --- | --- |
|  | Participant name:  | Participant Signature: |
|  | Date:  |

|  |  |  |
| --- | --- | --- |
| Researcher Name: | Date:  | Researcher Signature: |