Chronic pain sufferer consent form

Participant identification number:

Title of project: Justice issues in chronic pain

Name of Researcher:

Please initial box

1. I confirm that I have read and understood the information sheet dated 07/11/07 (version 5) for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

3. I agree to the group discussion that I will participate in being observed and audio-recorded.

4. I agree to my GP being informed of my participation in this study, should he/she wish to know.

5. I agree to take part in the above study conducted by the Division of Psychology at Glasgow Caledonian University.

6. I agree to my research materials (anonymised group discussion quotes and anonymous questionnaire materials) being used for the purposes outlined in the information sheet, (journal publications, presentations, reports, the media).

7. I agree to all of my anonymised research data (outlined in the information sheet) being archived by ESRC for an unlimited time and used by other bonafide registered researchers.

_________________   _________________  _________________
Name of Participant Date    Signature
(Please print)

_________________   _________________  _________________
Name of Person taking consent Date    Signature
(please print)

To cite this output:

Annex 4: study consent form. RES-000-22-2381