**Consent form 2 – Interview**

**Perceptions and understandings of Post-Malnutrition Weight Gain & Growth: a survey and key informant interview study**

**Researcher responsible for project:**  **Dr Marko Kerac**

* **Please place a tick () next to each statement to provide your consent.**

|  |  |
| --- | --- |
| **Statement** |  |
| I confirm that I have read and understood the information sheet for this study. I have had the opportunity to consider the information and ask questions to the appropriate personnel. Any questions I have asked have these answered satisfactorily. |  |
| I understand that my consent is voluntary and that I am free to withdraw this consent at any time without giving any reason. |  |
| I understand the online audio/video interview will be recorded and transcribed to a written document, and that the recording will be deleted once it has been transcribed. |  |
| I understand that data collected during the study may be looked at by authorised individuals where it is relevant to my taking part in this research. I give permission for these individuals to have access to these records. |  |
| I understand that data collected from me or about me may be shared via a public data repository or by sharing directly with other researchers and that I will not be identifiable from this information |  |
| I understand that data collected during this study may be used in research publications and that all data will be anonymised and unidentifiable. |  |
| I understand that data collected during this study may be used in wider public engagement and project-related dissemination activities and that all data will be anonymised and unidentifiable. |  |
| I agree to participating in this study. |  |

To support our research findings with qualitative evidence, we may directly quote participant statements from interview transcripts. These quotes will be anonymised and you will not be identifiable from these quotes. Please tick the box **()** to provide your consent.

|  |  |
| --- | --- |
| I give permission for any written or transcribed statements recorded from the survey or interview to be directly quoted as anonymised, de-identified statements |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Printed name of participant/Representative Signature of participant/Representative Date

 (or thumbprint/mark if unable to sign)

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Printed name of person obtaining consent Signature of person obtaining consent Date