

Participant ID:   
Date:

**Informed Consent: Focus Group**

**Urgent and Emergency Care in Redbridge**

**If you agree with each statement put your initials in the box**

1. I confirm that I have read (or had read to me) and understood   
   the “Focus Group Information Sheet” and I have been given the opportunity to ask questions.
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 medical care or other legal rights affected. Once given,   
   the data will remain part of the focus group study.
3. I understand that the content of this focus group discussion is confidential.
4. I understand that I will keep the content of the focus group discussion  
   confidential.
5. I understand that the focus group will be audio-recorded.
6. I understand that short sections of the recording of the workshop  
   may be used to illustrate review findings. The use of such sections   
   and any notes will be anonymous.
7. I understand that relevant sections of my information collected during the focus group, may be looked at by individuals from the Redbridge Health Scrutiny Working Group.
8. I would like to receive feedback regarding the results of the focus group.
9. I agree to take part in the above focus group.

………………………………….. ……………… ……………………..   
Name of the participant Date Signature

………………………………….. ……………… ……………………..   
Name of the researcher Date Signature

**1 copy for the participant, 1 copy for the facilitator**

For further information contact Cathy Turland, Healthwatch Redbridge Chief Executive Officer, at [cathy@healthwatchredbridge.co.uk](mailto:cathy@healthwatchredbridge.co.uk) Tel: 020 3874 4121