

INFORMED CONSENT FORM

PRINCIPAL INVESTIGATOR **Dr Trish Burton**

PROJECT TITLE:

**Client experiences of having a long-term
indwelling urinary catheter in the community.**

COLLEGE: Healthcare Sciences

I understand the aim of this research study is “This study aims to discover what are the experiences of clients with an IUC as a collective group”. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep.

I understand that my participation will involve the completion of a questionnaire and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

- taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;
- that any information **I give will not be used to identify me with this study;**

I consent to have this **questionnaire photocopied and sent for collective analysis**

☐

Yes

☐

No

Name: *(printed)*

Signature:

Date: