

BELONG STUDY

CONSENT FORM FOR PARTICIPANTS IN RESEARCH PROJECTS

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research

Title of project: Improving cardiovascular disease and breast cancer prevention and management in an ethnically diverse female population through community-based salon initiatives	
Name of Chief Investigator: Dr. Mariam Molokhia & Prof. Seeromanie Harding	
Name of Principal Investigator at local site: Dr. Mariam Molokhia & Prof. Seeromanie Harding	Initial
1. I confirm that I have read and understood the information sheet version 2 dated [28/07/23] for the above project. I have had the opportunity to consider the information and ask questions which have been answered to my satisfaction.	
2. I consent voluntarily to be a participant in this project and understand that I can refuse to take part and can withdraw from the project at any time, without having to give a reason, up until [30.06.24], without my medical care or legal rights being affected. I agree that if I decide to withdraw, data collected up until the point of withdrawal will be retained by the research team.	
3. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled under the terms of UK data protection law, including the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.	
4. I understand that relevant sections of my [medical notes and/or data] collected during the study, may be looked at by individuals from King's College London, from regulatory authorities or from the [my GP practice], where it is relevant to	

my taking part in this research or for monitoring and audit purposes. I give permission for these individuals to have access to my records.	
5. I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any research outputs	
6. I agree that the researcher/research team may use my data for future research and understand that any such use of identifiable data would be reviewed and approved by a research ethics committee as required. (In such cases, as with this project, data would/ would not be identifiable in any report).	
7. I agree that my clinical care team/GP/other healthcare professional may be contacted if any unexpected results are found in relation to my health as part of my participation in this research.	

The following clauses are OPTIONAL. Initial Yes (Y) or No (N)	Y	N
8. I wish to receive a copy of the final report. I agree to the researchers using my contact details from this purpose.		
9. I agree that the researcher may retain my contact details for 10 years so that I may be contacted in the future by King's College London researchers who would like to invite me to participate in future studies of a similar nature.		

Name of Participant **Date** **Signature**

Name of Researcher **Date** **Signature**

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes