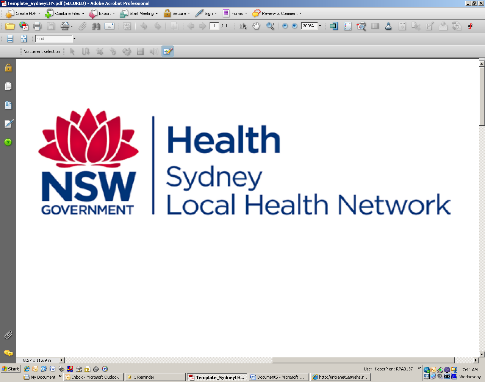
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Exploring first-time mothers’ knowledge and experience of induction of labour

**PARTICIPANT CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[full name]*

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[address]*

have read and understood the Participant Information Sheet on the above named research study  
   
and have discussed the study with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.
* I understand that the interview will be audio-recorded, and will then be transcribed and be kept in a manner in which I cannot be identified for analysis and I agree to this.
* I understand that my participation in this study will allow the researchers and others, as described in the Information for Participants, to have access to my medical record, and I agree to this. I understand that such information will remain confidential.
* I understand that, during the course of this study, my medical records may be accessed by regulatory authorities or by the Ethics Committee approving the research in order to verify results and determine that the study is being carried out correctly.
* I understand that the SLHD software license for REDCap (Research Electronic Data Capture) will be used to manage the collection and storage of my research data.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I freely choose to participate in this study and understand that I can withdraw at any time.
* I consent for other research collaborators to use any data I provide for future research purposes. I understand that before they can use my data, they must seek additional ethics approval.

Yes 

No 

* I hereby agree to participate in this research study.
* I consent to the storage and use of my information collected from me for use, as described in the relevant section of the Participant Information Sheet.
* I wish to be provided with a summary of the overall findings, once all research procedures involved with this project have been completed and this will be forwarded to my email address provided.

Yes 

No 

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person conducting informed consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person conducting informed consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_