

## **Consent Form**

## A Research Study on a Community-Based Stop Smoking Programme for Women

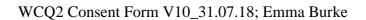
**Principal Investigator:** Prof Catherine Hayes, Trinity College Dublin. (Tel. 01-896-1087/3716. Email: hayesc9@tcd.ie).

Study Contact: Emma Burke (Tel. 01-896 1643 or email BURKEE16@tcd.ie).

Please refer to the attached participant information leaflet or contact the research team if you would like more information about the study or if you have any questions.

Please initial each box to confirm that you have read, understood and agreed to each of the points in this form.

- I confirm that I have read and understood the attached Participant Information Leaflet dated 16<sup>th</sup> July 2018. I have had the opportunity to think about the information and to ask questions. The research team has answered any questions I have had.
- 2. I agree to take part in the research study.
- 3. I understand that data collected during the study will only be looked at by members of the research team. I give permission for these individuals to have access to my data. I agree that my data will be sent to the UK for analysis. I understand that I can get a copy of the Privacy Notice from the Study Contact if I want to find out more about how my data are protected.
- 4. I agree to my data being stored securely for ten years after the study ends.
- 5. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. I understand that I am still entitled to help with stopping smoking if I decide not to participate. I understand that if I withdraw from the study, any data collected on me can still be used unless I state otherwise. I understand that if I need to make a complaint, I can contact the Data Protection Officer at <u>dataprotection@tcd.ie</u>.
- 6. I agree to give saliva samples. I understand that the samples will be sent to a company in the UK for analysis and that my name or personal details will not appear on any of the samples. I understand that the company to which my saliva samples are sent will destroy the samples after analysis.
- 7. I agree to be interviewed if I am asked and understand that the interview will be audio recorded and put into writing word for word by a transcriber, and the voice recording will then be destroyed.





Name of Participant	Date	Signature	
Name of Person taking consent	Date	Signature	