

**SARS-CoV-2 Acquisition in Frontline Health Care Workers – Evaluation to Inform Response - PLUS (SAFER-PLUS)**  
**Behavioural Interview Study Consent Form**

Ethical Approval Number (IRAS): 290628

Participant Identification Number for this study:

1. I confirm that I have read and understood the Participant Information Sheet dated 03/12/20 version number 1.0 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	Initials
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving reason and without my legal rights being affected.	Initials
3. I understand that the interview will be recorded to help the researcher remember what was said and that the recording will be deleted once a checked, written transcript is produced. Transcripts will be fully anonymised so that no individual can be identified from the data.	Initials
4. I understand that data collected about me during this study will be stored on the study database at the University College London for use by the research team to enable them to analyse the data.	Initials
5. I understand that data collected during the study, may be looked at by individuals from University College London Hospitals, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records”	Initials
6. I understand that the results of this study might be published, including the use direct quotes from anyone involved in the interview, but the quotes will not include my name or any other identifying characteristics.	Initials
7. I consent that information collected about me as part of this study can be shared anonymously with the SAFER-PLUS research team to support the future parts of the research programme.	Initials
8. I understand that the data from this study may be used by other researchers in other research projects. I understand that all data will be anonymous and that I will not be able to be identified	Initials
9. I agree to take part in this study.	Initials

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of Person taking consent      Date                      Signature

Participants and study researchers will receive a signed copy of this consent form via email

**Thank you for taking the time to consider taking part in this study.**