Consent Form

Study Title: Turning the Page: Evaluating the feasibility of online Shared Reading (oSR) for gynaecological cancers

Ethics/ERGO number: 101967

IRAS number: 348294; REC reference: TBC

Version and date: V2, 28/04/2025

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Thank you for your interest in this study. It is very important to us to conduct our studies in line with ethics principles, and this Consent Form asks you to confirm if you agree to take part in the above study. Please carefully consider the statements below and add your initials and signature only if you agree to participate in this research and understand what this will mean for you.

Please initial your name (e.g., Anna Joyce would be AJ) in each box

Please add your initials to the boxes below if you agree with the statements:

Mandatory Consent Statements	**Participant Initials**
I confirm that I read the Participant Information Sheet Version 2, dated April 28th, explaining the study above and I understand what is expected of me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I was given the opportunity to consider the information, ask questions about the study, and all my questions have been answered to my satisfaction.	
I agree to take part in this study and understand that data collected during this research project will be used for the purpose of this study.	
I understand that my participation is voluntary and that I am free to withdraw from this study at any time without giving a reason.	

I understand that taking part in this study involves audio recording. I am happy for my interview to be audio recorded and understand that the audio recording will be deleted immediately once transcription is completed.	
I understand that my participation is voluntary and that I am free to withdraw from this study at any time without giving a reason, and without my medical care being affected.	
I understand that all personal information collected about me (e.g., my name and contact details) will be kept confidential (i.e., will not be shared beyond the study team) unless required by law or relevant regulations (e.g., for the purpose of monitoring the safety of this study).	
I understand that my anonymised data collected during this study will be shared with research partners collaborating on this research.	
I understand that my pseudonymised data collected during this study will be archived in a data repository so that it can be used for future research and learning.	
I understand that whatever I say in the interview is confidential unless I tell the researcher that I or someone else is in immediate danger of serious harm, or the researcher sees or is told about something that is likely to cause serious harm. If that happens, the researcher will raise this with me during the interview and tell me about what could happen if I continue to talk about it and explore how I would prefer to deal with the situation. The researcher will encourage me to seek support from (Samaritans; Talking Therapies; NHS mental health) to help me make the situation safer. If the researcher feels unsure that I will go and get support, they will talk to me about what they need to do and what might happen next.	

_____	_____	_____
Name of participant	**Signature**	**Date**
	_____	_____
_____	_____	_____
Name of person taking consent	**Signature**	**Date**

*Once this Consent Form has been signed by all parties, a copy of the signed and dated form will be provided to you. Original signed copy should be stored in the study site file.