



FUNDED BY

**NIHR** | National Institute for  
 Health and Care Research

## CONSENT FORM

**Title of Project:** Developing an intervention to help nurses improve the assessment and care of the sexual health needs of men with Inflammatory Bowel Disease: a mixed methods study using co-production (MenSH-IBD)

**IRAS ID:** 334340

**Participant Number** .....

- |  |  |
|--|--|
| <p>1. I confirm that I have read the information sheet dated <b>08/08/2024</b> (version <b>2.0</b>) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.</p>   | <p>Please<br/>initial box</p> <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected. I understand any information collected until the point of withdrawal will be included in the study.</p>  | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>                               |
| <p>3. I understand that the information I provide will be used to support other research in the future and may be shared anonymously with other researchers.</p>   | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>                               |
| <p>4. I agree to the interviews/ focus groups/ co-production workshops (delete as appropriate) being audio recorded so that they can be transcribed by a researcher or through a professional transcription service bound by a confidentiality agreement. Recordings will be deleted when the data has been analysed but transcriptions (where identifiable information has been redacted) will be archived for 5 years.</p> | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>                               |
| <p>5. I understand that information, including my contact details may also be shared with researchers at the University of York and York St John University who are supporting the administration of this work. The information will be kept securely and only used for the purpose of this research.</p>  | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>                               |
| <p>6. I understand that if the researcher thinks that I or someone else may be at risk of harm they will have to contact the relevant authorities.</p>   | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>                               |
| <p>7. I agree to take part in the above study.</p>   | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>                               |
| <b>OPTIONAL</b>  |  |
| <p>8. I give permission for my contact information to be held and maintained by York and Scarborough Teaching Hospitals NHS Foundation Trust to inform me of the study results and/or invite me to participate in future research studies for a maximum of 3 years following the end of the study.</p>   | <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>                               |

\_\_\_\_\_  
 Name of Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name of Person  
 seeking consent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature