

Appendix 3

## CONSENT FORM FOR FACE TO FACE STUDIES

**Title of study:** Counselling and Therapy for Men Experiencing Infertility: Therapist Perspectives

## Name of Researcher: Ian Watts

Please complete and sign this form **after** you have read and understood the study information sheet. Read the following statements, and select 'Yes' or 'No' in the box on the right hand side.

1.	I confirm that I have read and understand the study information sheet, version 2, dated 05/12/2024, for the above study. I have had the opportunity to consider the information and to ask questions which have been answered satisfactorily.	Yes/No
2.	I understand that my participation is voluntary and that I am free to withdraw from the study at any time during up to two weeks afterwards, without giving any reason. If I do decide to withdraw, I understand that the information I have given up to the point of withdrawal will be destroyed.	Yes/No
3.	I agree to participate by I agree to participate by being interviewed and recorded and that my responses will be transcribed verbatim.	Yes/No
4.	l understand that my personal details will be kept confidential and will not be revealed to people outside of authorised supervisor/research team.	Yes/No
5.	I understand that my anonymised data will be stored for a maximum of 5 years, used in the researcher's dissertation, and potentially in academic conferences and publications.	Yes/No
6.	I agree to take part in the study:	Yes/No
Name of participant Date Signature		

Name of person taking consent

Date

Signature