

**Exploring the future of remote care for adults with hearing aids within the UK**

**Consent Form**

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| --- | --- |
|  | Initials |
|  | I confirm that I have read and understand the Participant Information Sheet **(Version 2.0, 13/10/2023)** for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
|  | I understand that my participation is voluntary and that I am free to withdraw at any time during the study, without giving a reason and without my legal rights being affected. |  |
|  | I understand that I am able to withdraw my data up to 14 days after taking part in the study by contacting the research team, after this time my data will be anonymised and I will no longer be able to withdraw. |  |
|  | I agree to my personal data and data relating to me collected during the study being processed as described in the Participant Information Sheet. **Personal data will include Region of UK where you work, Number of years of experience in Audiology, Type of hospital (city or community based) and the amount of experience in remote fine tuning.** |  |
|  | **I agree to my anonymised data being used by research teams for future research** |  |
|  | I agree to take part in this study. |  |

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Name of participant Date Signature

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Name of Person receiving Date Signature

consent.