**CONSENT FORM**

**Study Title**

***Personal characteristics, career experiences and progression in occupational health (OH) practitioners; investigating equality, diversity and inclusion (EDIOH).***

**Researchers**

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**Contact details:**

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Please read the following statements and tick the box below to indicate that you agree to participate in the study.

* *I have read the Participant Information Sheet and Privacy Notice and have understood the details provided, what my participation in the study involves and how the data I provide, including my personal data, will be used.*
* *I have had the opportunity to think about the information, ask questions and understand the answers I have been given.*
* *I understand that my participation in this study is entirely voluntary, and that I can withdraw from the study at any time, without giving any reason, without my legal rights being affected. I understand that should I withdraw from the study, all my data collected until that point will be retained and used for the analysis.*

* *I confirm that I agree to the way my data will be collected, processed, and stored, as per the Participant Information Sheet and Privacy Notice, and that non-identifiable data will be stored securely for at least 10 years in accordance with relevant Data Protection policies and regulations.*
* *I understand that all data and information I provide will be kept confidential and will be seen only by study researchers.*
* *I understand that no action will be taken if I were to disclose being subject to discrimination, bullying or harassment.*
* *I understand that my information and things that I say in the study may be quoted in publications about the study, but that my name or anything else that could tell people who I am**, or who the people I mention in the study are, will not be revealed.*
* *I confirm all of the above and I consent to taking part in the study.*

□ Please tick to confirm