



**CONSENT FORM** Version 2 28/10/2022

Title of research project: Exploring whether the UK Genetic Services meet the support needs of families affected by developmental disorders

SREC reference and committee:

Name of Chief/Principal Investigator: Emma Carter

**Please initial  
box**

I confirm that I have read the information sheet dated 28/10/2022 version 2 for the above research project.	
I confirm that I have understood the information sheet dated 28/10/2022 version 2 for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily.	
I understand that my participation is voluntary and I am free to withdraw at any time without giving a reason and without any adverse consequences. I understand that if I withdraw, information about me that has already been obtained may be kept by Cardiff University.	
I understand that data collected during the research project may be looked at by individuals from Cardiff University or from regulatory authorities, where it is relevant to my taking part in the research project. I give permission for these individuals to have access to my data.	

I consent to the processing of my personal information (the data found within the consent form and the questionnaire) for the purposes explained to me. I understand that such information will be held in accordance with all applicable data protection legislation and in strict confidence, unless disclosure is required by law or professional obligation.	
I understand who will have access to personal information provided, how the data will be stored and what will happen to the data at the end of the research project.	
I understand that anonymised excerpts and/or verbatim quotes from my interview may be used as part of the research publication.	
I understand how the findings and results of the research project will be written up and published.	
I agree to take part in this research project.	

\_\_\_\_\_

Name of participant (print)                      Date                      Signature

\_\_\_\_\_

Name of person taking consent                      Date                      Signature  
(print)

\_\_\_\_\_

**Role of person taking consent  
(print)**

**THANK YOU FOR PARTICIPATING IN OUR RESEARCH**

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP**