



CONSENT FORM

Title of Study: Childbirth experiences in first-time mothers

Researcher: Jane Iles, Trainee Clinical Psychologist, Clinical Psychology, Royal Holloway, University of London, Egham, Surrey, TW20 0EX

Please provide a response for each of the following:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. I confirm that I have read and understand the information sheet for the above study | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have had the opportunity to ask questions about the study | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have received satisfactory answers to my questions | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand that my participation is voluntary, and that I am free to withdraw at any time, without giving any reason | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to take part in the above study | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I agree for my interview to be recorded and transcribed for the research study (if relevant) | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Participant _____

Signature _____

Date _____

Supervisors:

Dr. Helen Pote, Clinical Psychology, Royal Holloway, University of London, Egham, Surrey, TW20 0EX

Professor Pauline Slade, Clinical Psychology Unit, University of Sheffield, Sheffield, S10 2TP.

Miss Helen Spiby, Senior Lecturer (Evidence Based Practice in Midwifery), Department of Health Sciences, Area 4 Seebom Rowntree Building, University of York, Heslington, York, YO10 5DD.

**N.B. This Consent form will be stored separately from the responses you provide.
All electronic data will be destroyed once interviews have been transcribed.
The interview transcripts will be destroyed at the end of the study.**