
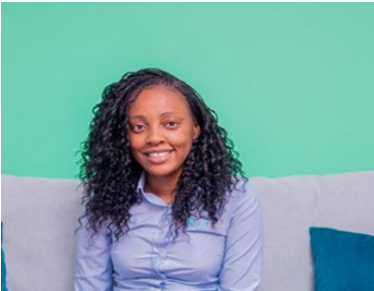











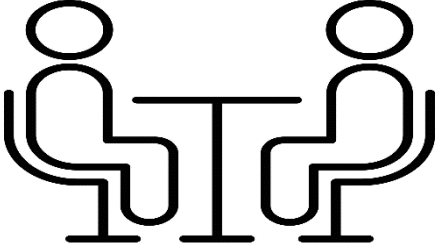


















Appendix 2b: Easy Read Consent Form

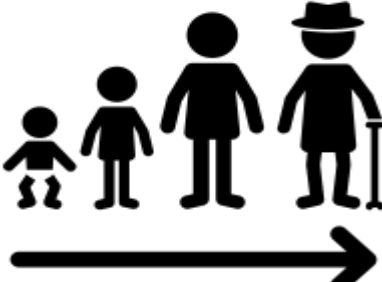


University Ref: **FHMS 22-23 214 EGA V3 14/08/23**

Title: A qualitative exploration of ageing well with a Lifelong Disability in Black British Older Adults and their Carers.

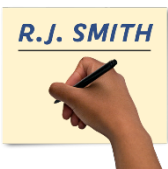
	<p>If you would like some help reading, please ask someone to read this sheet with you.</p>
	<p>If you have any questions, please contact the researcher before you fill in this form.</p>
	<p>Please circle your choice</p> <p>Do you agree to take part in this study?</p> <p> </p>
	<p>Have you read the participant information sheet (dated V3 14/08/23)?</p> <p> </p>

	<p>Have you had time to think about the information and ask questions?</p> <p> </p>
	<p>Are you happy with the answers to your questions?</p> <p> </p>
	<p>Do you understand what this study involves?</p> <p> </p>
	<p>Do you agree to your voice being recorded during the interview?</p> <p> </p>

	<p>Do you understand that you can stop taking part in the study at any time?</p> <p>   </p>
	<p>Do you understand that you can ask to take back your information without giving a reason until 1 month after your interview?</p> <p>   </p>
	<p>Do you understand that I will not use your real name in my work?</p> <p>   </p>
	<p>Do you understand that if you say something about someone causing you harm or you causing harm to yourself or someone else I will have to report this?</p> <p>   </p>

	<p>Do you agree to me collecting information about your age, gender, ethnicity and disability?</p> <p> </p>
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Please sign below if you agree to take part in this study.

<p>Your name:</p>	<p>Signature:</p> 
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Date: _____