

## Interviewee Consent Form

**This form is to be completed to record participant's consent to publication of information in the UCD Student Medical Journal. This MUST be completed for all submissions where individuals are interviewed for information regarding their profession, areas of research or other healthcare associated information.**

I \_\_\_\_\_ [insert full name] give my consent for the information given in this interview ("The Information"), that was carried out by \_\_\_\_\_ [insert author full name] to appear in the UCDSMJ.

**I have seen and read the material to be submitted to the UCDSMJ.**

I understand the following:

- (1) The Information will be published with or without my name attached, as previously decided with the author. I am aware of whether or not my name will be included.
- (2) If my name is not included in the interview, the UCDSMJ will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed, and that the possibility exists that an individual (ex. hospital employees, relatives) may identify me from the information provided in the interview.
- (3) The text of the interview may be edited for style, grammar, consistency, and length.
- (4) The Information may be published in the annual print edition of the UCDSMJ. This journal is distributed to medical students and teaching staff at the School of Medicine at UCD but may be seen by individuals outside of this group.
- (5) The Information may also be placed on the UCDSMJ website and will be available in the public domain.
- (6) The UCDSMJ will not allow the Information to be used inappropriately for advertising or to be used out of context (e.g. an image will not be used to illustrate another interview).
- (7) I can withdraw my consent at any point before publication; however, once the Information has been sent to press it is not possible to retract the consent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_