**CONSENT FORM**

**Project title: Pharmacists' perceptions of ethical conflict and professional guidance in light of the revised General Pharmaceutical Council *Standards of Conduct, Ethics and Performance***

* I confirm that I have read and understood the information sheet for the above project and the researcher has answered any queries to my satisfaction. Yes  No 
* I understand that my participation is voluntary and that I am free to withdraw from the project at any time. Yes  No 
* I understand that any identifying information will remain confidential and that I will not be identifiable in any publications or presentations resulting from this research. Yes  No 
* I understand that information I provide in my interview may be directly quoted in publications and/or presentations, but that I will not be identifiable in any way.

Yes  No 

* I understand that my data will be kept for a minimum of 10 years, before being securely destroyed. Yes  No 
* I agree that the researchers can share anonymised information from my interview with other researchers. Yes  No 
* I agree to being interviewed for this research. Yes  No 
* I consent to the interview being audio recorded. Yes  No 

PRINT NAME: ……….……………………………….……… Date:……………………….

Signature: ……………..………………………………………………………………………

I confirm that the above has read the Participant Information Sheet, had the opportunity to ask (and to have answered) questions, and has voluntarily completed this Consent Form.

Signature of Researcher: ……………………….……...…… Date: ……………………...