

## CONSENT FORM FOR NHS Leaders

### Rapidly formed COVID-19 teams in the NHS: implications for leadership, team-working, career intentions and individual mental health (IRAS PID 294169/ UREC Reg#:E20025)

#### Name, position and contact details of Researchers

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**Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. [The participant information can be found on our on our website.](#)**

#### Please tick box

I confirm that I have read and understood the participant information and have had the chance to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

I agree to take part in the above study.

#### Please tick box

Yes No

I understand that while the interview will be conducted via video chat only the audio-recording will be stored.

I agree to the use of anonymised quotes in publications

I want to be contacted with details about the results of the study

## PERSONAL INFORMATION:

This information will only be used to check your eligibility for the study and to contact you with regards to the research study and to provide you with your voucher or donation of £15 for your participation after the interview. Your data (including these personal details and the consent form below) will be stored securely and confidentially in accordance with Oxford Brookes University data protection guidelines, GDPR and the Data Protection Act of 2018. For future data analysis, every Participant will be issued a respondent code (e.g., RES0123).

Name:	
Email Address:	
Phone Number:	
Your Employer (e.g., Name of NHS Trust, Hospital)	

Are you currently working on a COVID-19 ward, or have you been working on a COVID-19 ward in the past?

I am currently responsible for managing a COVID-19 team/ ward.

I was responsible for managing a COVID-19 team/ ward during the last year.

I have never managed a COVID-19 team/ ward.

Could you tell us what your occupational role is/ was?

<p>Clinical Director</p> <input type="checkbox"/>	<p>Director of Nursing</p> <input type="checkbox"/>	<p>Senior Manager</p> <input type="checkbox"/>	<p>Other Leadership position:</p> <p>_____</p>
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\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (electronic/handwritten)

Stefan Schilling

3.6.2021



\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature