



Consent Form

Title of Study: *COVER-ME: Covid-19 vaccination coverage among underserved populations: Developing and Evaluating community-based interventions in East London minority ethnicity (ME) backgrounds; underserved migrants; persons with low income.*

Chief Investigator: Dominik Zenner

IRAS Ref: 316860

Participant Identification Number for this trial:

Statement	Please initial box
1. I confirm that I have read the Participant Information Sheet dated [19/07/2023] version [Version 2] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from Queen Mary, University of London, from regulatory authorities or from the GP practice, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I understand that my data will be securely stored in password protected computers and in accordance with the data protection guidelines of the Queen Mary University of London	
5. I understand that I can access the information I have provided and request destruction of that information at any time prior to anonymization and publication. I	

understand that following anonymisation and publication I will not be able to request withdrawal of the information I have provided.	
6. I understand that the researcher will not identify me in any publications and other study outputs using personal information obtained from this study.	
7. I understand that the information collected about me will be used to support other research in the future, and it may be shared in anonymised form with other researchers.	
8. I understand that during the research, information may be disclosed which legally requires the researcher to breach confidentiality and report this information to the relevant authorities. This risk has been explained to me in more detail in the Participant Information Sheet.	
9. I agree to my General Practitioner being informed (if needed) of my participation in the study.	
10. I agree to take part in the above study.	

Participant name Date Signature

Name of person taking consent Date Signature