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Gwasg Prifysgol Caerdydd



## INTERVIEW CONSENT FORM FOR PUBLICATION IN THE BRITISH STUDENT DOCTOR

This document is for recording the informed consent of interview participants whose personal information and verbatim or paraphrased quotes will be included in an article for publication in *The British Student Doctor Journal*, a publication of Cardiff University Press and The Foundation for Medical Publishing, a charity registered in England and Wales (1189006). This form should only be used for the recording of consent of interview subjects where the interview is conducted for journalistic purposes. This form is not suitable for research participants. For questions about this form, please contact [editorinchief@bsdj.org.uk](mailto:editorinchief@bsdj.org.uk).

### Full/Provisional Title of Article:

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### Author(s):

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(“the Author”)

### Description and Date of Interview:

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Please initial the following as appropriate:

- I have been able to have a complete discussion with the healthcare professional (medical student, junior doctor, other individual) regarding the nature and content of the article that they wish to write that includes verbatim or paraphrased quotes that will be attributed to me. They have answered any and all questions that I have to my satisfaction.
  
- I understand that the healthcare professional is writing a scholarly article for publication in a scientific peer-reviewed medical journal that will be made available freely online and/or in print.

I understand that a copy of this consent form will be provided to editors of *The British Student Doctor Journal*, but that it will not be published or shared.

I consent to the publication of verbatim or paraphrased quotes in a published article in *The British Student Doctor Journal*. I consent to these quotes being attributed to me by name.

**Date of Consent Discussion:** \_\_\_\_\_

**Full Name of Interview Participant:** \_\_\_\_\_

**Signature of Interview Participant:** \_\_\_\_\_

**Full Name of Person Obtaining Consent:** \_\_\_\_\_

**Signature of Person Obtaining Consent:** \_\_\_\_\_