

**This form will be the first page of the online questionnaire. You will complete the form there.
This copy is for reference only.**

A study evaluating Your Local Pantry membership

Participant consent form

Before you can make a start on the questionnaire, we need you to read the following statements below and tick each box to confirm your agreement. Note that statements 10 and 11 are optional, but we need to know you're happy with everything else to participate in this study.

Add a tick to each box if you agree	
1. I have read the Participant Information Sheet [Version No. 2; Date: 19/11/2024] or watched a video about the study. I have had time to think about it and ask any questions to the research team.	
2. I understand that taking part in this study is my choice, and I can stop at any time. I understand taking part will not affect my application to become a Your Local Pantry member now or in the future.	
3. I understand that the researchers and the research company administering the survey will use my name and contact details to send me study questionnaires. These details will also be used to enable linkage to information collected from Your Local Pantry about when I get a membership and how often I use the food pantry.	
4. I understand that I'll be asked to complete four questionnaires over 10 weeks and that I'll receive shopping vouchers for each questionnaire I complete.	
5. I understand that I do not have to answer any questions I do not want to answer.	
6. I understand the answers I give in the study questionnaires will only be seen by the researchers and will not be shared with anyone else, including Your Local Pantry staff or volunteers.	
7. I understand that my name and any information that could identify me will not appear in study results. The results will be published in reports, academic papers, and presentations.	
8. I understand that I can stop taking part at any time without consequence and that I can ask for my data to be removed from the study within 28 days of stopping.	
9. I understand that my data will be stored securely by the University of Liverpool and that anonymised study data will be made available to other researchers to use in the future.	
10. Optional: I am happy to be contacted to be invited to take part in optional interviews at the end of the study.	Yes/No
11. Optional: I would like to receive a copy of the final study report.	Yes/No
12. I agree to take part in this study.	