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## Pro Forma 2

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| **Receipt of Incentive** | |
| **Project Details** | |
| Project Title: | Project No: |
| Agency: | Agency Contact: |
| **Fieldwork** | |
| Date of receipt: | Start Time: |
| Location: (If online or telephone, please state this) | Duration: |
| **Incentive** | |
| Incentive Type: (e.g. cash) | Incentive Amount: |
| **Declaration** | |
| I confirm that the information I have given during the course of this interview/group discussion represents my views on the subject matter.  I confirm that I have received the incentive detailed above in appreciation for my contribution to the project. | |
| **Market Research Subject Signature** | |
| Signature: | Name (please print) |
| **Market Research Subject Code Number** | |
| Code Number | |

**Pro Forma 3**

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| **Market Research Subject Consent Allowing Client Access to Market Research Fieldwork** | |
| **Project Details** | |
| Project Title: | Project No: |
| Agency: | Location of Fieldwork: |
| Date of Fieldwork: | Start Time of Fieldwork: |
| **Declaration** | |
| I understand that the company that commissioned this Market Research study | |
| (name of recipient organisation(s) may or may not be required will:  DELETE AS APPROPRIATE   * Watch through a one way mirror (watching organisations do not need to be named) but type of organisation(s) should be specified * Listen to an audio recording at their offices (organisations listening in may or may not need to be named depending on whether audio information is considered personal data or not) * Watch a video recording at their offices (watching organisation(s) must be named but naming may be delayed until the end of the interview if viewing is not live)   I understand that the purpose(s) of the company having access is: | |
| The people in the company who will listen to or view the recordings will be in the following functions/roles: | |
| I understand that all those listening, watching or viewing the recording MUST respect the confidentiality of all information exchanged in Market Research interviews/groups and that no sales approaches will ever be made to me as a consequence of the company having this access.  I understand that I can withdraw my consent at any stage.  IF APPROPRIATE We would prefer not to reveal the name of the healthcare/pharmaceutical company until the end of the interview, just in case knowing this affects any responses. Is this acceptable to you or not? YES NO | |
| **Signatures** | |
| I have read, understand and agree to the terms above. | |
| Market Research Subject Signature: | Name (please print) |
| Agency Signature: | Name (please print) |
| **Market Research Subject Code Number** | |
| Code Number | |

**Pro Forma 4**

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| **Client Agreement to Safeguard Confidentiality of Recordings of Market Research Fieldwork** | |
| **Project Details** | |
| Project Title: | Project No: |
| Agency: | Location(s) of Fieldwork: |
| Date(s) of Fieldwork: | Start Time(s) of Fieldwork: |
| Commissioning Client Company | |
| **Declaration** | |
| On behalf of **<the commissioning client company>** I can confirm that the recording(s) of Market Research fieldwork from the above study will only be used for the following purpose(s): | |
|  | |
| The only people in the company who will listen to or view the recordings will be in the  following functions/roles: | |
| And the recording(s) will be in the secure  care of: |  |
| On behalf of the commissioning client I can confirm that: | |
| * Those listening to or viewing the recording will respect the confidentiality of all information exchanged in Market Research interviews/groups * No sales approaches will ever be made to MR subjects as a consequence of having this access * No attempt will be made to reverse any anonymisation * The recordings will be stored securely, kept separate and processed in accordance with applicable data protection/privacy laws and Market Research professional codes * The recordings will be destroyed or handed back to the agency as soon as is required. * If video streaming has been used to allow remote viewing it is possible that the video transmission system used delivered a copy of the recording to the receiving computer. If this is the case any copy of the video stream saved on the observer’s computer MUST be deleted. | |
| **Signatures** | |
| I have read, understand and agree to the terms above | |
| Company Signature: | Name (please print) |
| Agency Signature: | Name (please print) |

## Pro Forma 5

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| **Observer Agreement** | |
| **Project Details** | |
| Project Title: | Project No: |
| Agency: | Agency Contact: |
| Location of Fieldwork: | Date of Fieldwork: |
| Time of Fieldwork |
| **Declaration** | |
| I understand that I MUST be familiar with and adhere to the EPHMRA’s Observers’ Guidelines. | |
| **Observer Signature** | |
| I have read, understand and agree to the terms | |
| Signature: | Name (please print) |