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| Patient Identification Number for this trial | | | |
| **WP2 16+ CONSENT FORM** | | | |
| **Study Title: Mental Health in children with epilepsy trial** | | | |
| Name of researchers: Prof. Roz Shafran, Prof. Helen Cross | | | |
|  | | | Please  initial all  boxes |
| 1. I confirm that I have read and understand the information sheet dated 16/05/2018 version number 2 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | | |  |
| 1. 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. | | |  |
| 1. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals fromthe research team, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | | |  |
| 1. I agree to allow medical information about me to be entered on a confidential computer database held at the Institute of Child Health, University College London and a Great Ormond Street Hospital database. I understand that personal data will be contained within a hard copy file that will be kept in a locked cabinet. I understand that personal data contained on research databases (for example my contact address) will be kept in a separate database to study data. I understand that study data will be held either electronically or in paper form, and will be anonymised | | |  |
| 1. In the event that I disclose any information that suggests a risk of harm to myself or others, this information will be shared with the relevant bodies. | | |  |
| 1. I agree to my GP and other health professionals involved in my care being informed of my participation in the study. | | |  |
| 1. I consent to my direct quotes being used anonymously, for example in reports, publications and presentations. | | |  |
| 1. In the event that I decide to stop taking part in the study, I agree to the data up to that point being used in the analysis of the study results. | | |  |
| 1. I understand that any assessment or intervention sessions (including those face-to-face and telephone/skype calls) will be audio/video recorded for supervision purposes. | | |  |
| 1. I understand that any interviews (including those face-to-face and telephone/skype calls) will be audio/video recorded to support the development of the intervention. | | |  |
| 1. I agree to take part in the above study. | | |  |
| Name of participant | Date | Signature | |
| Name of person taking consent | Date | Signature | |
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