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| Participant Identification Number for this trial: | | | |
| **WP2 THERAPIST AND SUPERVISOR 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 I am free to withdraw at any time without giving any reason, without my rights being affected. | | |  |
| 1. I understand that relevant sections of my data collected during the study may be looked at by individuals from the research team, from regulatory authorities or from the NHS Trust, where it is relevant to their taking part in this research. I give permission for these individuals to have access to my data. | | |  |
| 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 allow data 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. 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 information I have previously provided being used in the analysis of the study results. | | |  |
| 1. In the event that I disclose any information that suggests a risk of harm to myself or others, I agree for this information to be disclosed to the relevant bodies. | | |  |
| 1. I agree to taking part in the above study. | | |  |
| Name of participant | Date | Signature | |
| Name of researcher | Date | Signature | |
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