

**Consent form for participants**

**The parenting experiences, help seeking and support provided to parents who struggle with emotional intensity and changeable moods.**

Participant identification number (office use only)………………………………………………………………………

 Please initial

1. I confirm that I have read the participant information sheet (v8, 26.02.18)
 for the above study and have been given the opportunity to ask questions
and had these answered satisfactorily.

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1. I understand that my participation in the study is voluntary and that
I am free to withdraw at any time, without giving any reason.

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1. I agree that my contribution to the discussion group can be audio recorded.

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1. I agree to take part in the above study.
2. I agree to the use of anonymised quotations from the audio recordings
of the focus group.

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1. I understand that my data will be treated confidentially and any
publication or report resulting from this work will include data that
does not identify me.

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1. I give permission for my anonymised data to be deposited with the
ReShare data repository (part of the UK Data Service) so that it can be
used for future learning.

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1. I understand that confidentiality will be breached should a disclosure be
made which indicates a risk of harm to self or others.

Agree by (name of participant) Signature Date

Agree by (researcher present) Signature Date