

Consent Form for FOCUS GROUP ATTENDEES

Title of the Project: What is the feasibility of prescribing community gardening to reduce loneliness and improve wellbeing in individuals with mental health problems?

Research Team: Dr Carly Wood, Dr Jo Barton, Dr Marie Polley

I, the undersigned, confirm that:

Please tick the box

- | | |
|--|--------------------------|
| 1. I have read and understood the information about the research study, as provided in the participant information sheet. | <input type="checkbox"/> |
| 2. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily. | <input type="checkbox"/> |
| 3. I understand that my participation is voluntary, that I am free to withdraw my consent at any time and that if I decide to withdraw I do not need to give reasons, and that I will not be penalised, or asked why I have withdrawn. | <input type="checkbox"/> |
| 4. I understand that if I withdraw my consent after taking part in a focus group, the data cannot be withdrawn because it is anonymous. | <input type="checkbox"/> |
| 5. I understand that my fully anonymised data will be used for research publications and may be presented at conferences. | <input type="checkbox"/> |
| 6. I understand and agree to the storage, access, and destruction of my data, as outlined in the Participation Information Sheet. | <input type="checkbox"/> |
| 7. I agree to take part in the above research project. | <input type="checkbox"/> |

Participant Name	Date	Participant Signature
_____	_____	_____
Researcher Name	Date	Researcher Signature
_____	_____	_____