


**PARTICIPANT CONSENT FORM**

 **Title:** voice-hearing In young people: distress factors and social relating

IRAS ID: 236382  
Version 1: 18/10/2017

**Principal Investigator:** Aikaterini Rammou  
**Participant Identification Number** .....

**Please read the following points and place your initials in each box after each point to confirm that you agree, and then sign your name at the bottom. NOTE: Some items are optional (you do not have to agree to them). All other items are mandatory (\*) and you cannot participate unless you agree to these items.**

**Please  
initial:**

- 1.\* I confirm that I have read and understood the information sheet (Version 3: 20/12/2017) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered. ☐
- 2.\* I have been given the contact details for people who I can talk to about this research study. ☐
- 3.\* I understand that taking part will involve: 1) completing questionnaires and 2) interviews. ☐
- 4.\* I understand that my participation is voluntary and that I can withdraw at any time, up until 30/03/2019, without giving any reason, without my medical care or legal rights being affected. If I do decide to withdraw, I understand that data collected up until that point will still be used in an anonymised form (without my name), unless I ask otherwise. *If I am under 16 years of age, I also understand that my parent/legal guardian can also withdraw my participation from the study.* ☐
- 5.\* I understand that assessment sessions will be audio-recorded but only listened to or looked at by members of the research team. ☐
- 6.\* I understand that relevant sections of my medical notes may be looked at by individuals from the research team, sponsor or regulatory research authorities. I give permission for these individuals to have access to those records during the study. ☐

- 7.\* I understand that the research team will safely store my information and retain confidentiality using an identification number and not my name. ☐
- 8.\* I understand that if I tell the researcher something which demonstrates there is a risk to myself or someone else, the researcher may need to break confidentiality and pass this information on to my care team. ☐
- 9.\* I understand that, if I take part, I only need to answer the questions I want to answer and can skip any questions I do not feel comfortable answering. ☐
- 10.\* I give consent to the research team informing my care team that I am taking part in the study. ☐
- 11.\* I agree to take part in the above research study. ☐
12. I agree to be contacted by the research team about taking part in an additional interview asking about my experience of support I have received from services. This interview will take part on a different day. **(optional)** ☐
13. I agree to the researcher providing my care team with a summary of my assessment that can be uploaded onto my clinical records. **(optional)** ☐
14. I agree that other genuine researchers can access my anonymised data and use it for publications and other research outputs. **(optional)** ☐
15. I would like to be sent a summary of the final results of the study. **(optional)** ☐

Please circle how you would like to receive this:

POST

E-MAIL

Please provide contact details (Email or postal address):

.....

**Please sign and print your name to show that you consent to take part in this research study and agree with the points above.**

PARTICIPANT'S PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RESEARCHER'S PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_