


CONSENT FORM FOR PERSON WITH PARENTAL RESPONSIBILITY

Title:  **Wista**
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 your relative (son/daughter/young person for whom you have parental responsibility) cannot participate unless you agree to these items.

**Please
initial:**

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|--|---|----------------------|
| 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. | <input type="text"/> |
| 2.* | I have been given the contact details for people who I can talk to about this research study. | <input type="text"/> |
| 3.* | I understand that my relative's participation will involve: 1) completing questionnaires and 2) interviews. | <input type="text"/> |
| 4.* | I understand that participation by my relative is voluntary and s/he is free to withdraw at any time, up until 30/03/2019, without giving any reason, without her/his medical care or legal rights being affected. If s/he does withdraw, I understand that data collected up until that point will still be used in an anonymised form (without her/his name), unless s/he asks otherwise. | <input type="text"/> |
| I understand I can also withdraw my relative 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. | <input type="text"/> |
| 6.* | I understand that relevant sections of my relative's 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. | <input type="text"/> |

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|------|---|--------------------------|
| 7.* | I understand that the research team will safely store my relative's information and retain confidentiality using an identification number and not his/her name. | <input type="checkbox"/> |
| 8.* | I understand if my relative tells the researcher something which demonstrates there is a risk to him/herself or someone else, the researcher may need to break confidentiality and pass this information on to my relative's care team. | <input type="checkbox"/> |
| 9.* | I understand that, if my relative takes part, s/he can only answer the questions s/he wants to answer and can skip any questions s/he does not feel comfortable answering. | <input type="checkbox"/> |
| 10.* | I understand that the research team will inform my relative's care team that s/he is taking part in the study. | <input type="checkbox"/> |
| 11.* | I agree for my relative to take part in the above research study. | <input type="checkbox"/> |
| 12. | I agree for my relative to be contacted about taking part in an additional interview asking about her/his experience of support received from services. This interview will take part on a different day. (optional) | <input type="checkbox"/> |
| 13. | I give my permission for the researcher to provide my relative's care team with a summary of their assessment that can be uploaded onto my relative's clinical records. (optional) | <input type="checkbox"/> |
| 14. | I agree that other genuine researchers can access my relative's anonymised data and use it for publications and other research outputs. (optional) | <input type="checkbox"/> |
| 15. | I agree for my relative to be sent a summary of the final results of the study, if s/he wished to. (optional) | <input type="checkbox"/> |

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

PRINT NAME OF PERSON WITH PARENTAL RESPONSIBILITY:

Signature: _____ Date: _____

RELATIONSHIP TO THE PARTICIPANT:

RESEARCHER'S PRINT NAME:

Signature: _____ Date: _____