Version 3: October 2023

UNIVERSITY of STIRLING

Participant Consent Form

This will be integrated into our online data collection software to allow participants to click agreement with each statement.

GUEP/NICR Approval Number [13947] Participant number [Inserted at interview]

Research Project Title: Help-seeking for substance use and mental health challenges among justice-involved people in Scottish community contexts: An analysis of the influence of social networks

	Please initial box
I have read and understood the Participant Information Sheet dated October 2023 explaining the research project and I have had the opportunity to ask questions about it.	
I understand that taking part is voluntary and that I am free to pull out without giving a reason, and without any penalty/consequences. I understand that any data collected before I pull out will be kept and used in the data analysis.	
I understand that taking part is confidential. The researchers will not tell anyone else that I have taken part.	
I understand that my responses will be made 'pseudo'-anonymous by changing my name and any other identifying information, including the information about people in my network. I give permission for the research team to have access to my pseudo-anonymous responses.	
I consent to being audio recorded for data collection.	
I am aware that I will not be named in any research outputs, but I could be identified by people I know through the words I use or descriptions of events in my life.	
I give permission to be quoted directly in any research publications (under a different name and with identifying details changed).	
I agree for research data collected in the study to be given to researchers, including those working outside the EU, to be used in other research. I understand that any data that leaves the research group will be pseudo-anonymous so that I cannot be identified (unless people recognise my words or descriptions of events in my life).	
I agree for my personal data to be kept in a secure database so I can be contacted about the results and future studies.	
I understand that no one else will be informed of my participation in this study. Only where there is risk of serious harm to me or others, would the researchers consider telling others about this concern. Wherever possible this would be done with my involvement.	
I agree to take part in this study.	

Name of Participant **Signature:**

Date: Click here to enter a date

Name of Researcher **Signature:**

Date: Click here to enter a date