

(Form to be on headed paper)

CONSENT FORM- CIAO-II (ADHD) Project

Title of Project: Randomised controlled trial of the short term effects of OROS-methylphenidate on ADHD symptoms and behavioural outcomes in young male prisoners with attention deficit hyperactivity disorder

Participant ID: _____ **Study Number:** _____ **Please initial box**

- 1. I have read and understand the information sheet for this project and have had the chance to ask questions. The information sheet is dated 28th of August 2018, version 2.0.

- 2. I understand that taking part is my choice. I am free to stop at any time. I don't have to give a reason. My medical care or legal rights won't be affected.

- 3. I understand that parts of my medical notes may be looked at. This is to confirm diagnosis of ADHD and check I can take part in the project. I agree for Professor Asherson and his research team to have access to my medical and prison records. To enable monitoring of the conduct of the study, I give permission for regulatory authorities, sponsor representative or individuals from the [trust name] to access my clinical and research records.

- 4. I agree to take part in this project.

- 5. I agree that my information from this study will be stored securely. It can be shared with other scientists or research groups where this helps us to understand the findings of the study. My name and other identifying information will be kept separate. The information can be used in combination with data from other similar studies. In the event of publication, I understand that care will be taken to keep my personal information private. I understand that the research records will be transferred securely to King's College London at the end of the study.

- 6. I agree for my personal contact details to be kept securely by the research team. I give permission to be contacted in the future about further research projects related to the treatment of ADHD. I can remove my name and details from this list at any time and without giving a reason.

Name of Participant Date Signature

Name of Person taking consent
(If different from Researcher)

Date

Signature

I have explained the study to the participant and have answered their questions honestly and fully.

Researcher

Date

Signature