




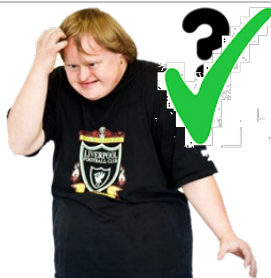

## Service User Consent form








Centre Number:




Study Number:


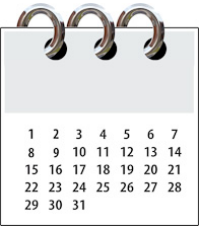
Participant Identification Number:


### A trial of befriending in people with learning disabilities

Please answer tick one box		No 	Yes 
	I have read the information sheet about the research		
	I can understand the things the information sheet told me		
	I understand that there is a 50/50 chance that I will be in the CST group		

		No 	Yes 
	I was able to ask questions if I wanted to		
	I understand that it is my choice to take part in this study		
	I understand that I can say <b>No</b> at any time if I want to stop		
	I agree to my GP (doctor) being told I am taking part		
	I agree to be take part in an interview at the end of the study		

		No 	Yes 
	I am happy to take part in the study		

	My Name:	
	Signature:	

Researcher's Name:	
Signature:	

One copy will be given to the participant, one copy will be kept by the researcher and one copy will be stored in the medical file