NELFT NHS
NHS Foundation Trust

Service User Consent form

Centre Number:
Study Number:
Participant Identification Number:

A trial of befriending in people with learning disabilities

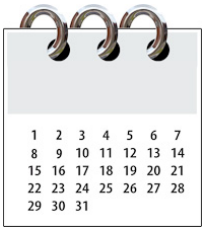
Please answer tick one box		No	Yes
	I have read the information sheet about the research		
	I can understand the things the information sheet told me		
	I understand that there is a 50/50 chance that I will be in the CST group		

		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 **No** 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		

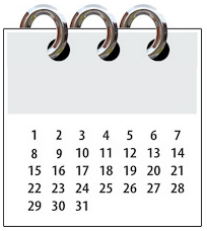


My Name:



Signature: Date:

Researchers Name:



Signature: Date:

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