

Centre Number:

Study Number:

Participant identification number:

VOLUNTEER CONSENT FORM

Title of project: Pilot randomised controlled trial of one to one befriending by volunteers for people with intellectual disability (ID)

Please initial box

1. I confirm that I have read and understood the information sheet dated 30/04/2019 (Version 4) for the above research study. I have had the opportunity to ask questions about the study understand what is involved.

☐

2. I agree to be contacted to take part in a focus group about the befriending intervention at the end of the study which will be audio-taped.

☐

3. I understand that the recordings from the focus group will be transferred securely onto an encrypted computer and deleted from the recording device.

☐

4. I understand that I can request to be withdrawn from the study at any time, without giving any reason and without my medical care or legal rights being affected. Any information collected before withdrawal will be used in the study unless I request for the information to be completely removed.

☐

5. I understand that relevant sections of my care records and data collected during the study may be looked at only by authorised individuals involved in the conduct of the study, or relevant regulatory authorities.

☐

6. I agree to take part in this research study.

☐

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

When completed: 1 copy for carer; 1 copy for the care record; 1 (original) for the research file