Centre Number:
Study Number:
Participant identification number:

VOLUNTEER COORDINATORS/STAFF 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 23/3/18 (Version 1) for the above research study. I have had the opportunity to ask questions about the study understand what is involved. ☐

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

3. I understand that I can request to be withdrawn from the study at any time, without giving any reason and without my medical care or legal rights being affected.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. ☐

4. 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