

IRAS ID: 238240

**CONSENT FORM: WP3 Service User**

Title of Project: **The Effectiveness of Sexual Assault Referral Centres with regard to Mental Health and Substance Use**

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| 1. I confirm that I have read the Summary Participant Information Sheet and the Full Participant Information Sheet (PIS) dated: 11.11.2019, version 2 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | **☐** |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. | **☐** |
| 3. I understand that if there are concerns about risks of danger to any person (including myself), that the research team may be obliged to contact my GP or other appropriate services and if there are concerns about the safety or wellbeing of a child or other vulnerable person, the research team may have a legal obligation to notify social services. | **☐** |
| 4. I agree that the anonymised research data collected (e.g. interview data that has had your identifiable information removed) may be used to support relevant future research and/or training, and may be shared anonymously with other researchers (subject to relevant research governance processes such as confidentiality and data access agreements). | **☐** |
| 5. I understand that monitors, auditors, the sponsor and regulatory inspectors may require access to personal data and that they will be subject to confidentiality agreements. | **☐** |
| 6. I agree that anonymised data may also be made available on databases for publication purposes to increase transparency of research process. | **☐** |
| 7. I understand that, if for any reason I lose capacity to consent or withdraw from the study during the research period, anonymised data and the minimum personally-identifiable information possible already collected about me will be retained and used in the research. | **☐** |
| 8. I agree to be contacted over the next 2 years only about relevant research opportunities (optional). | **☐** |
| 9. I agree to take part in the above study. | **☐** |

If you ticked the box for question 8 please detail below the methods that you are happy for us to use to contact you in the future. (If you do not wish to be contacted in the future, please leave blank):

**Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social media**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Participant Date Signature

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Name of Person taking consent Date Signature