

Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

CFS/NHS/PAEDIATRICS - Specialist help for ME.

Consent/assent to record intervention for participants, parents and those delivering interventions: SMILE

Specialist Medical Intervention & Lightning Evaluation

This consent form needs to be used for all those who will be attending or providing assessments/follow ups or intervention sessions.

Please tick boxes if “yes”

I confirm that I consent to have the session, dated the ___/____/_____, observed, audio-recorded and for notes to be taken.	<input type="checkbox"/>
I understand that the session will be audio-recorded but that I can switch off the tape recorder or stop the session without having to give an explanation.	<input type="checkbox"/>
I understand that small parts of what I say may be quoted anonymously when the results of this part of the research are reported.	<input type="checkbox"/>
I confirm that I have had the opportunity to ask any questions I have about the observation of this session.	<input type="checkbox"/>

If you agree to take part, please fill in the information below:

Your name:	Researcher's name:
Signature:	Signature:
Today's date:/...../20.....	Today's date:/...../20.....

We will give you a copy of this consent form. A copy will be kept in your child's notes and a copy will be kept in a locked filing cabinet in a locked office in the University of Bristol. An encrypted password protected database will be created to store personal details. This will be kept on a secure NHS server in the Royal National Hospital for Rheumatic Diseases. All interview transcripts will be linked to you via an ID code on separate lists. The list linking the code will be kept in the University of Bristol with the consent forms.



THANK YOU!

