

# Royal National Hospital

## for Rheumatic Diseases

NHS Foundation Trust

**CFS/NHS/PAEDIATRICS** - Specialist help for ME.

**Teenager consent to contact: SMILE**

**Specialist Medical Intervention & Lightning Evaluation**

**Please fill this form if you are between 16 and 18 years old. Please tick boxes if “yes”**

I have read the leaflet about the study. I understand what the study is about and have had the chance to ask questions.	<input type="checkbox"/>
I understand that it is my choice about whether or not to take part in the study and that it is ok for me to withdraw from the study at any time.	<input type="checkbox"/>
I agree for a researcher to visit me at a place that I choose and interview me for approximately 20 minutes.	<input type="checkbox"/>
I agree for a research nurse to visit me at a place that I choose to explain the study in more detail.	<input type="checkbox"/>
I agree that you may talk to my parents/guardian/carer about me	<input type="checkbox"/>

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

Your name: .....	Recruiter's name: .....
Signature: .....	Signature: .....
Today's date: ...../...../20.....	Today's date: ...../...../20.....
Your address: .....	Email: .....
.....	Phone Number: .....

**If you have decided not to take part, it would be useful for us to know your reasons (though you do not have to tell us if you don't want to). Please continue overleaf if necessary.**

We will give you a copy of this consent form. This consent form 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!**

