

# 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 initial the 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.....



**THANK YOU!**

