

# Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

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

**Parental consent to child interview: SMILE**

**Specialist Medical Intervention & Lightning Evaluation**

**Please complete this if your child is under 16 years old. Please tick boxes if "yes"**

I confirm that I consent to my child being interviewed about their prior knowledge and their experiences of participating in this study.	<input type="checkbox"/>
I understand that the interview will be audio-recorded but that they can switch off the recorder or stop the interview without having to give an explanation.	<input type="checkbox"/>
I understand that small parts of what they say may be quoted anonymously when the results of this part of the research are reported.	<input type="checkbox"/>
I confirm that I and they have had the opportunity to ask any questions about this interview.	<input type="checkbox"/>

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

Your name: .....	Interviewer's name: .....
Signature: .....	Signature: .....
Your Child's name: .....	
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!**

