

Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

CFS/NHS/PAEDIATRICS - Specialist help for ME.

Parental consent form: SMILE

Specialist Medical Intervention & Lightning Evaluation

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 mine and my child's choice about whether or not to take part in the study and that it is ok for my child to withdraw from the study at any time.	<input type="checkbox"/>
I agree that a researcher may contact me about being interviewed at a place and time that is convenient for me	<input type="checkbox"/>
I agree that a researcher may visit my child at a place that we choose and interview them for 20 minutes <i>(only complete this if you child is under 16 years old)</i>	<input type="checkbox"/>
I agree for a research nurse to visit me and my child at a place that we choose to explain the study in more detail	<input type="checkbox"/>

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

Your name:	Your address:
Signature:
Your e mail:	Your phone number:
Today's date:/...../20.....	Your child's name:

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). Please continue overleaf if necessary.

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!

