

CONSENT FORM

Title of Study: Bipolar Disorder: A qualitative study of the involvement of relatives in the mental healthcare team.

REC ref: 11/YH/0174

Name of Researcher: _____

Name of Participant: _____

Please initial box

Participant Number

1. I confirm that I have read and understand the information sheet version number dated for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.
3. I give my consent for the interview to be audio-taped so that the researchers can look for common themes in the answers that I give to questions.
4. I give my consent for anonymised, direct quotations from my interview to be used in the write up and publication of this study.
5. I understand that my medical notes and records will be made available to responsible individuals from Lancaster University, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to my records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.
6. I agree to my GP or care co-ordinator (where appropriate) being informed of my participation in this study.
7. Please indicate if you would like to be informed of the results (circle as appropriate). Yes No
8. I give my consent for my details to be stored on the Spectrum Centre for Mental Health Research database and would like to be contacted regarding future research opportunities (please complete database consent form also).
9. I agree to take part in the above study.

Name of Participant Date Signature

Name of Person taking consent Date Signature
(If different from Principal Investigator)

Name of Principal Investigator Date Signature

3 copies: 1 for participant, 1 for the project notes and 1 for the medical notes.

