



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

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IRAS Number: 323903 Study Title: MUSE ARMS Feasibility Trial.

Parent/Guardian Consent Form [Version 2.0 23022023]

Centre Name: [e.g. CNTW / Other NHS Participating Organisation]

Participant ID Number:

**MUSE ARMS Feasibility Trial**

**PARENT/GUARDIAN INFORMED CONSENT FORM**

		Initial box to agree
1	I confirm that I have read the parent/guardian information sheet dated..... (Version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2	I understand that my child's participation is voluntary and that they are free to withdraw at any time without giving any reason, without their medical care or legal rights being affected.	<input type="checkbox"/>
3	I understand that if my child withdraws from the study, or needs to be withdrawn due to becoming too unwell, the research team will keep the research data about my child that they already have, and if you give consent to question 10 on this form they will continue to track long term outcomes via the MHSDS/medical notes unless you request that they do not.	<input type="checkbox"/>
4	I understand that relevant sections of my child's medical notes and data collected during the study, may be looked at by responsible individuals from [Research site] and from the research Sponsor CNTW NHS Foundation Trust, their representatives and regulatory authorities for the purposes of this research study, which includes audit and monitoring for research quality assurance. I give permission for these individuals to have access to these records in accordance with this study participant information sheet and informed consent and my child's agreement (assent).	<input type="checkbox"/>
5	I understand and agree that the information collected about my child in the course of this study will be held and maintained by [enter name of organisation(s) that will be storing the participant data], and CNTW and archived at [enter name of organisation(s)] and CNTW.	<input type="checkbox"/>
6	I agree to my child's NHS Care Team being informed of their participation in the study.	<input type="checkbox"/>
7	I agree for a brief summary of the research assessments and any treatment sessions to be shared with my child's clinical team (i.e. added into NHS care notes).	<input type="checkbox"/>
8	OPTIONAL: I consent to the use of audio recording of my child's treatment sessions, so long as my child agrees to this, to check the quality of the MUSE treatment. I understand recordings will follow NHS data security standards for storage and will be destroyed once they are checked for treatment quality.  <b>Circle decision: YES / NO</b>	<input type="checkbox"/>

Print double sided. When completed: One for participant, one for Investigator Site File, and one to be kept in medical notes.

9	<p>OPTIONAL: I consent to my child to take part in an interview about their experience in the trial, if they wish to do this.</p> <p>I recognise not everyone is asked to do this and that my child can change their mind at any time. I am aware that these reflective interviews are audio recorded anonymously (using an ID code as identifier) and then transcribed during which any further potential personal identifying information is removed ahead of analysis of research findings.</p> <p style="text-align: right;"><b>Circle decision: YES / NO</b></p>	<input type="checkbox"/>
10	<p>I consent to my child's medical records being accessed to collect follow-up data from medical databases to look at long term outcomes including use of hospital inpatient services, so long as they are in agreement with this. Medical databases Hospital Records, and the Mental Health Services Data Set (MHSDS). This requires a copy of my child's consent form and NHS record number to be sent securely to CNTW for processing and storage in the trial master file, which I agree to.</p>	<input type="checkbox"/>
11	<p>I understand that the information collected about my child will be used to support the writing up of research findings. The data in an anonymised format will be shared with researchers for this study who have a role in analysing and writing up data.</p>	<input type="checkbox"/>
12	<p>I understand that in accordance with openness of data findings the anonymised data set from the study may be published in open access and or for wider research. My child's personal details will not be shared.</p>	<input type="checkbox"/>
13	<p>I agree for my child to take part in the above study if they wish to do so.</p>	<input type="checkbox"/>
14	<p>OPTIONAL: I agree for my child to be contacted with end of study information on the trial and their preferred contact method is: email / post / text message (<i>circle as appropriate</i>). Contact details will be obtained from medical records.</p> <p style="text-align: right;"><b>Circle decision: YES / NO</b></p>	<input type="checkbox"/>

<b>Name of Parent/Guardian</b>	
<b>Signature of Parent/Guardian</b>	<b>Date</b>
<i>*I certify that the information provided was discussed in a language accessible to the Parent/Guardian. That they retained and understood the information for a sufficient period in order to weigh up their decision and communicate their decision regarding informed consent.</i>	
<b>*Name of Researcher Obtaining Consent</b>	
<b>*Signature of Researcher Obtaining Consent</b>	<b>Date</b>

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