

CORE Phase 3: consent form for participation in randomised controlled trial of a peer-provided, self-management intervention for people leaving Crisis Resolution Teams

Version 2: 17.11.13 Study Title: CORE: Crisis Team Optimisation and Relapse Prevention – Phase Principal Investigator: Professor Sonia Johnson, UCL, Research worker: 1. I have read and understood the study information sheet dated 17/11/2013 2. I have had the opportunity to ask questions about the study 3. I understand that my participation is voluntary and that I can withdraw at any time, without giving any reason, without the services provided to me being affected. 4. I understand that the Crisis Resolution Team (CRT) which supported me will be informed that I am taking part in the study. I understand that if I am allocated to receive support from a peer support worker, a record of their meetings with me will be kept in my patient notes. 5. I agree to my GP being informed of my participation in the study 6. I consent to a researcher contacting me to arrange an initial and a follow-up research interview for the study. 7. I consent to a researcher contacting a family member or a member of staff, if I have named them below, if this is necessary to make

contact with me for the 4 month study follow-up interview.

8.	I consent to the information collected about me for this study being stored securely at University College London	
9.	I understand that I will be offered a £20 gift in cash for my participation in the research interview, once I have taken part in it.	
10	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities and/or the NHS Foundation Trust where it is relevant to my taking part in the research. I give permission for these individuals to have access to my records.	
11	I consent to the research team having access to information about my diagnosis and my use of mental health services from my electronic patient records. If information about my use of services is not available from my electronic patient records in the NHS Trust whose services I am currently using, I consent to study researchers collecting this information where possible from other NHS services.	
12	I consent to a researcher contacting me up to 18 months after my follow-up interview to ask me about taking part in a further research interview for this study, or a separate follow-on study relating to this one.	
13	. I agree to take part in the study	

## Contact details of family members or carers I am happy for a researcher to contact if necessary to contact me for a follow-up interview:

(If possible, please provide details of any family members or carers whom researchers could contact if unable to contact you directly for a follow-up interview.)

	Family contact #1	Family contact #2
Name		
Relationship		
to participant		
Address		
Phone		
number(s)		
email		

## Contact details of mental health staff working with me I am happy for a researcher to contact if necessary to contact me for a followup interview:

(If possible, please provide details of any mental health staff whom researchers could contact if unable to contact you directly for a follow-up interview.)

Name:		
Job title:		
Service:		
Contact details (if known)		
I would like a copy of a report with over:  Yes No	n the study findings wh	nen the study is
Please sign this consent form belin the study	ow to confirm your co	nsent to take part
Name of participant	Date	Signature
Name of researcher	Date	Signature