



CONSENT FORM

*Please
initial*

1. I confirm that I have read and understood the research information sheet ('Information for people considering taking part in the Engager Randomised Controlled Trial') dated 24/03/2017, Version Five, and have been given 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 legal rights being affected.
3. I understand that if I withdraw from the study I will stop receiving the intervention, but this will not affect any other aspects of my medical care.
4. I understand that whilst I participate in the RCT, the researcher has a duty to inform prison staff should I disclose:
 - a) Behaviour that is against prison rules and can be adjudicated against
 - b) Information that either indicates a risk or harm to yourself or others or refers to a new crime committed or plans to commit a new crime
 - c) Undisclosed illegal acts
 - d) Information that raises concerns about terrorist, radicalisations, or security issues.
5. I understand that I will be assigned to the intervention group or treatment as usual group at random, and I won't be able to choose which group I am in.
6. I understand that I may be asked for permission to digitally record one or more of my meetings with the Engager team, but I am under no obligation to give permission.
7. I give permission for the research team to look at my criminal justice and health records for the purpose of informing the research.
8. I give the research team permission to request my criminal justice records from the Police National Computer in 12 months' time
9. I agree to take part in the above study.
10. I do not wish to take part in the study but agree to be contacted to discuss my reasons for not wanting to be involved.
11. I understand that I may be contacted by the research team in the future, but am under no obligation to participate in any further research.

Sign below for participant completed consent form

Name of participant	Date	Signature
Name of researcher	Date	Signature

p.t.o. for researcher completed consent forms



Sign below for researcher completed consent form

“I [researcher name] have read this form of consent to [participant name] because [participant name] is not able to read this informed consent document.

I have asked [participant name] to make his mark to confirm that he has understood the informed consent document”

Name of participant	Date	Signature
Name of researcher	Date	Signature

*1 copy for participant: 1 copy for researcher

Principal Investigator: Professor Richard Byng, Plymouth University Peninsula Schools of Medicine and Dentistry