



## Consent Form (version 2)

### An Evaluation of an ACT and PBS Group for Parents and Education Staff of Children and Young People with an Intellectual Disability

Participant ID:

|   | Initial here<br>for YES | Initial here<br>for NO |
|---|-------------------------|------------------------|
| 1. I confirm that I have read and understand the information sheet (Education Staff PIS version 2, 17.12.2018) for the above study and have had the opportunity to consider the information for a minimum of 24 hours and ask questions.  |                         |                        |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.   |                         |                        |
| 3. I understand that relevant sections of data collected during the study may be looked at by individuals from the regulatory authorities and from the Sponsors (NHS Lothian and the University of Edinburgh) or from the/other NHS Board(s) where it is relevant to my taking part in this research. I give permission for those individuals to have access to my records. |                         |                        |
| 4. I agree to my General Practitioner (GP) being informed of my participation in this study.  |                         |                        |
| 5. I agree to a summary of the study results being sent to me by post.  |                         |                        |
| 6. I agree to the focus group being audio-recorded, for the purposes of allowing it to be transcribed.  |                         |                        |
| 7. I agree to take part in the above study.   |                         |                        |

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1x original – into Site File; 1x copy – to Participant;