

# Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

**CFS/NHS/PAEDIATRICS** - Specialist help for ME.

**Assent to contact for under 16s: SMILE**

**Specialist Medical Intervention & Lightning Evaluation**

**Please complete this if you are under 16 years old. Please tick boxes if “yes”**

|  |                          |
|--|--------------------------|
| I have read the leaflet about the study. I understand what the study is about and have had the chance to ask questions.  | <input type="checkbox"/> |
| I understand that it is mine and my parent’s/guardian’s choice about whether or not to take part in the study and that it is ok for me to withdraw from the study at any time.   | <input type="checkbox"/> |
| I agree for a researcher to visit me at a place that I and my parent/guardian choose and for the researcher to interview me for between 20 minutes and an hour about what I know about the interventions and my experiences of them. | <input type="checkbox"/> |
| I agree for a research nurse to visit me and my parent/guardian at a place that we choose to explain the study in more detail.   | <input type="checkbox"/> |
| I agree that you may talk to my parents/guardian/carer about me  | <input type="checkbox"/> |

**If you agree to take part, please fill in the information below:**

|                                   |  |
|-----------------------------------|--|
| Your name:<br>.....               | Your parent’s/ guardian’s name:<br>..... |
| Signature: .....                  | Signature: .....                         |
| Today’s date: ...../...../20..... | Today’s date: ...../...../20.....        |
| Your address: .....               | Email: .....                             |
| .....                             | Telephone: .....                         |

**If you have decided not to take part, it would be useful for us to know your reasons (though you do not have to tell us if you don’t want to). Please continue overleaf if necessary.**

We will give you a copy of this consent form. A copy will be kept in your notes and a copy will be kept in a locked filing cabinet in a locked office in the University of Bristol. An encrypted password protected database will be created to store personal details. This will be kept on a secure NHS server in the Royal National Hospital for Rheumatic Diseases. All interview transcripts will be linked to you via an ID code on separate lists. The list linking the code will be kept in the University of Bristol with the consent forms.



**THANK YOU!**

