

## STUDY CONSENT FORM

Name Site PI: [Pre-fill when localised - Local site name]

### Debt Counselling for Depression in Primary Care: An Adaptive Randomised Controlled Trial

1. I confirm that I have read and understand the information sheet dated **13/10/2014** (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
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 medical care or legal rights being affected.
3. I understand that relevant sections of my GP medical notes and data collected during the study, may be looked at by authorised members of the research team and by responsible individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I give my consent for the three assessment visits with the study researcher, to be audio-recorded.
5. I give permission for my General Practitioner to be notified that I have agreed to participate in the above named study.
6. I give permission for the Peninsula Clinical Trials Unit (Plymouth University) to store my contact details for the purposes of the DeCoDer study only.
7. I agree to take part in the study.
8. If I withdraw from the study, I agree that the information already collected about me in the study can be retained and used.

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking  
consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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I give my consent to a study researcher contacting me about taking part in two interviews to talk about my experiences of debt, the impacts of this on my life and my experiences of care.

*For office use only:*

Participant initials:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Participant study number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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