

QUALITATIVE INTERVIEW 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 give my consent to the interview being audio-recorded.
3. I understand that I can ask to receive a copy of the transcript of the interview.
4. I understand that my participation in the interview 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.
5. I understand that my medical notes and data from the study may be looked at by regulatory authorities or by persons from the Trust where it is relevant to my taking part in this study. I agree to these persons having access to this information.
6. I give permission for anonymous quotations to be used, as appropriate, in written and verbal reports of the study.
7. If I withdraw from the study, I agree that the information already collected about me during the interview can be retained and used.

Name of participant

Date

Signature

Name of person taking
consent

Date

Signature

For office use only:

Participant initials:

Participant study number: