Date:	Participant number					
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## **CONSENT FORM**

e of Project: A research study offering people with epilepsy a course to help them ter manage their epilepsy and improve their quality of life: a randomised trial (REC reference no: 12/LO/1962)									
Nan	ne of Researcher:	erence no. 12/LO/1962	) 	_					
	Please initial boxes								
1.	I confirm that I have read an (version the opportunity to ask questions	) for the above st							
2.	I understand that my participation at any time, without giving any rebeing affected.								
3.	I understand that sections of my hospital medical notes will be looked at by responsible individuals on the research team at King's College London. I give permission for these individuals to have access to my records.								
4.	I understand that the MOSES comeasure how well the course is								
5.	I understand that if I take part in an interview about my experience of the MOSES course that this will be audio recorded to provide an accurate record of the conversation. I give permission for this.								
6.	I understand and agree that personal information on other participants shared during the MOSES course and in the group discussion should remain confidential between participants.								
5.	. I agree to my GP being informed that I am participating in this study.								
6. I agree to take part in the above study.									
Nar	me of Patient	Date	Signed						
	ive explained the study to the part me of Researcher	ticipant & answered their o Date	questions honestly a Signed	and fully.					