

# PRODIGY Final Report Supplementary Documents

## Participant consent forms

### D. PRODIGY Participant Randomised Controlled Trial Consent Form (Version 3.0 29/09/2015)



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# The PRODIGY Trial

PRODIGY Team [contact details]

## CONSENT FORM

**PRODIGY: Prevention of long term social disability amongst young people with emerging psychological difficulties: a definitive randomised controlled trial of Social Recovery Cognitive Behavioural Therapy.**

This project is funded by the National Institute for Health Research Health Technology Assessment Programme (project number 10/104/51)

### Name of Researcher:

**NOTE: Items which are optional (you do not have to agree to them) are labelled optional. All other items are mandatory (\*), which means you cannot participate unless you agree to these items.**

**Please  
initial  
box**

- 1.\* I confirm that I have read and understand the information sheet dated 29/09/2015 (Version 3) for the above study and have had the opportunity to have my questions answered.
- 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 the researchers and staff overseeing the study may want to look at my case notes and I am happy for them to do this.



**E. PRODIGY Randomised Controlled Trial Participant research process (process evaluation sub-study one) and participant intervention (process evaluation sub-study two)**



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# The PRODIGY Trial - Interview study

Project Team [contact details]

## CONSENT FORM

**PRODIGY: Prevention of long term social disability amongst young people with emerging psychological difficulties: a pilot randomised controlled trial of social recovery cognitive behavioural therapy.**

Name of Researcher:

**initial box**

**Please**

1. I confirm that I have read and understand the information sheet dated 18/01/2013 (Version 3) for the above study and have had the opportunity to have my questions answered.
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 I have been contacted specifically to take part in a more detailed interview.
4. I understand that sections of any of my medical records may be looked at by responsible individuals working on the project or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.
5. I understand the interview will be audio recorded so that what I say will be accurately recorded. I understand that the interview is confidential and that I will not be individually identified in any way in the report.
6. I agree to my anonymous quotations being used for the project report and publications.

7. I understand that anonymised data may be transferred outside of the trust by a secure method in order to be analysed by the research team.

8. I agree to take part in the above study.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**F. PRODIGY Therapist Sub-study Consent Form (process evaluation sub-study three)**



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**CONSENT FORM**

**Title of Project: Social Recovery Therapy: Therapists' experience of coping and hope working with complex clients**

Name of Researcher: **Catarina Sacadura**

Please  
initial  
box

1. I confirm that I have read and understand the information sheet dated 16.08.17 (V1) for the above study. I have had the opportunity to consider the information, ask questions and have any questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, up until the point of data analysis.
3. I am willing to take part in the interview for this study and for the interview to be audio-recorded.
4. I understand that my data will be anonymous and will be stored separately from my personal information.
5. I understand that all identifying information will be removed from interview transcripts and any quotes used in any reports or publications will not be identifiable.
6. I agree to agree to take part in the above research study.

\_\_\_\_\_

Name of Participant

Date

Signature

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Name of Person

Date

Signature

taking consent