

Pilot Randomised Evaluation of Multi Systemic Therapy

Parent Consent to Participate Form

Please read each of the following statements and place a cross in the box if you agree with the statement.

1. I have had a chance to read the participant information leaflet (version 1.0) for the study. ☐
2. Someone else has explained this project to me. ☐
3. I have had the opportunity to ask the questions I want about this study, and they have been answered to my satisfaction. ☐
4. I understand that taking part is voluntary and that I am free to withdraw from this study at any time without giving a reason and the services I receive will not be affected if I do change my mind. ☐
5. I understand that following the baseline assessment, a computer will decide at random whether I will receive usual support or the new approach. ☐
6. I understand I will be contacted for follow up in 9- months and my contact data will be kept by the research team until this point. ☐
7. I understand that anonymised electronic data created from this study will be held in a secure location after the study, when the paper copies of the data have been destroyed. ☐
8. I understand that I may be asked to take part in an interview on my experience of taking part in this study. I will be asked to consent again if I am chosen. ☐
9. **I agree to take part in this study. I am aware that a copy of this consent to participate form will be provided to me for my records.** ☐

I prefer to be contacted by phone ☐

I prefer to be contacted by email ☐

Name of Parent

Signature

Date

Name of Witness

Signature

Date

The participant and research co-ordinating centre at University of Kent will have a copy of this form. You can contact the research team at mstcanproject@kent.ac.uk.