## CONSENT FORM: Workstream Ia

**Study Title: People with autism detained within hospitals: defining the population, understanding aetiology and improving care pathways (The mATCH study)**

**Participant Identification Number:**

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Read the following statements and think about whether you agree. If you agree with the statement, please write your initials in the box. This form has one page.

|  |  |  |
| --- | --- | --- |
|  |  | Initials |
|  | I have understood the information sheet (Version 1.1 Date: 17 Jul 2015 – Workstream Ia) that was explained to me by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | I have asked all my questions. |  |
|  | I understand that I can leave the research at any time I choose. If I leave, I agree that the researchers can carry on using the information they have collected about me. |  |
|  | If I become very unwell and can no longer do the study, I agree that the research team can carry on using the information they have collected about me. They will stop collecting new information about me. |  |
|  | I understand that people from the NHS may check the information collected about me to make sure the rules are being followed. I agree that this is ok. |  |
|  | I am happy for the researchers to use the information they collect about me in future studies |  |
|  | I agree that I can be audio-recorded during the focus-groups. I have been told that the recordings will be kept secret. |  |
|  | I agree to take part in this research project. |  |

Please sign your name below:

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If someone helped you with this form, this person must print their name in the box below:

Version 1.1 (17 July 2015) – **Workstream Ia**

## CONSENT FORM: Workstream Ib

**Study Title: People with autism detained within hospitals: defining the population, understanding aetiology and improving care pathways (The mATCH study)**

**Participant Identification Number:**

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Read the following statements and think about whether you agree. If you agree with the statement, please write your initials in the box. This form has one page.

|  |  |  |
| --- | --- | --- |
|  |  | Initials |
|  | I have understood the information sheet (Version 1.1 Date: 17 Jul 2015 – Workstream Ib) that was explained to me by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | I have asked all my questions. |  |
|  | I understand that I can leave the research at any time I choose. If I leave, I agree that the researchers can carry on using the information they have collected about me. |  |
|  | If I become very unwell and can no longer do the study, I agree that the research team can carry on using the information they have collected about me. They will stop collecting new information about me. |  |
|  | I understand that people from the NHS may check the information collected about me to make sure the rules are being followed. I agree that this is ok. |  |
|  | I am happy for the researchers to use the information they collect about me in future studies |  |
|  | I agree that I can be audio-recorded during the focus-groups. I have been told that the recordings will be kept secret. |  |
|  | I agree to take part in this research project. |  |

Please sign your name below:

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If someone helped you with this form, this person must print their name in the box below:

Version 1.1 (17 July 2015) – **Workstream Ib**

## CONSENT FORM: Workstream IIb

**Study Title: People with autism detained within hospitals: defining the population, understanding aetiology and improving care pathways (The mATCH study)**

**Participant Identification Number:**

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Read the following statements and think about whether you agree. If you agree with the statement, please write your initials in the box. This form has one page.

|  |  |  |
| --- | --- | --- |
|  |  | Initials |
|  | I have understood the information sheet (Version 1.1 Date: 17 Jul 2015 – Workstream IIb) that was explained to me by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | I have asked all my questions. |  |
|  | I understand that I can leave the research at any time I choose. If I leave, I agree that the researchers can carry on using the information they have collected about me. |  |
|  | If I become very unwell and can no longer do the study, I agree that the research team can carry on using the information they have collected about me. They will stop collecting new information about me. |  |
|  | I understand that people from the NHS may check the information collected about me to make sure the rules are being followed. I agree that this is ok. |  |
|  | I am happy for the researchers to use the information they collect about me in future studies |  |
|  | I agree that members of the research team can look at my clinical records. |  |
|  | I agree that I can be audio-recorded during the focus-groups. I have been told that the recordings will be kept secret. |  |
|  | I agree to take part in this research project. |  |

Please sign your name below:

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If someone helped you with this form, this person must print their name in the box below:

Version 1.1 (17 July 2015) – **Workstream IIb**