Randomised evaluation of Multidimensional family therapy Young Person Consent to Participate Form

PΙ	lease read each of the following statement	s 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 6 and 12- months and my contact data will be kept by the research team until this point.			
7.	I understand that electronic data created from this study will be transferred to the YEF data archive at the end of the study.			
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.			
-	Name S	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 **mdftproject@kent.ac.uk**.



