



Online PTSD Treatment for Young People & Carers



Version 2 20-Feb-19

Centre: PIN:

REC Number:

IRAS ID: 256260

### PARTICIPANT CONSENT FORM FOR PARENTS/CARERS

This consent form is for parents/carers who wish to take part in the study

**Online PTSD treatment for Young People and their Carers (OPTYC): Case Series**

**Dr Patrick Smith**

Please initial box

- 1. I confirm that I have read the information sheet dated 13/12/18 (version 1.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 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 information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
- 4. I understand that the information held and maintained by South London and Maudsley NHS Foundation Trust may be used to help contact me or provide information about my health status.
- 5. I understand that my relevant confidential information will be disclosed to appropriate professionals, including my GP, if a clinical or research worker on the study becomes concerned about my own, or someone else's safety.
- 6. I agree to take part in the above study.

\_\_\_\_\_

Name of Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name of Person  
taking consent

\_\_\_\_\_

Date

\_\_\_\_\_

Signature