

Centre Number: Nottingham 2
Study Number: 09/H0408/13
Patient Identification Number for this trial:

CONSENT FORM

Title of Project: A mixed methods investigation into the illness perceptions and mental state of individuals who have suffered from Guillain Barré syndrome.
Name of Researcher: Catherine Harrison

As part of my training in Clinical Psychology I have to undertake a large scale research project. As part of this research you are being approached to give your permission for the use of the information that you provide on questionnaires or at interview. Voice recordings and questionnaires will be treated in the same way as your medical files are. That is they are confidential, will be stored securely and will only be viewed by the researcher.

It is important to note that if you take part in an interview then there may be some of your statements used verbatim in the research. Whilst you may recognise these statements as your own, there will not be any other identifiable information provided.

Consent to include your information can be withdrawn at any time. In those instances, the questionnaires/transcripts will be erased and your current or future treatment will not be affected in any way. All Clinical Psychologists are bound by the British Psychological Society guidelines on the confidentiality of clinical material (you can ask to see these guidelines). You can also ask to see the questionnaires/transcripts before they are included in the study.

All information gathered will be stored in a locked filing cabinet and will be erased five years after the trainee has graduated from the University, in line with University Regulations. The information will not be used for anything else. There will be no identifying information on any of the data so no-one will be able to identify you from the answers you have given.

By giving your permission to be included in the research project, you are agreeing to the following:-

For your information to be used in the research project.

For the finalised research project to be handed in and to be seen by members of the Clinical Psychology Programme (no identifying information will be seen).

Illness Perception of Individuals Suffering from Guillain Barré

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Please initial

1. I confirm that I have read and understand the information sheet dated 23.12.08 (version 1.1) 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 relevant sections of my medical notes and data collected during the study, may be looked at by individuals from [The University of Leicester], from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I agree to take part in the above study.

Name of Patient

Date

Signature

Name of Person
taking consent

Date

Signature