

Participant consent form

Participant ID:



PAReNTS

Promoting Alcohol Reduction in Non-Treatment Seeking Parents Consent Form

PLEASE
INITIAL
EACH BOX

1. I confirm that I have read the participant information leaflet dated 17.10.16 (version 2.0) for the above study. ☐
2. I confirm that I have had the opportunity to ask any questions about the study and any questions I have asked have been answered to my satisfaction. ☐
3. I understand that taking part is voluntary and that I'm free to change my mind at any time without giving any reason and without my care, services from children's services or my legal rights being affected. ☐
4. I give permission for Children's Services to share information with Newcastle University regarding the legal and care status of my child(ren) and whether my case remains active to Children's services at 6 and 12 month follow-up points. ☐
5. I understand that the information I give will be confidential. However, if I disclose information which causes concern about risk to myself or others (including my child/ren), I understand this information will be shared. ☐
6. I understand that any data created from this study will be held in a locked filing cabinet for ten years after which the data will be destroyed. All the data collected will be kept anonymous and confidential, and only members of the research team will have access to this data. ☐
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8. ***I agree to take part in the above study. I am aware that a copy of this consent form will be provided to me for my records.*** ☐

In addition:

9. I agree to the advice and help given to me as part of this trial (by the social care practitioner and the alcohol worker if appropriate) being audio-recorded (optional). ☐
10. I agree that a researcher can contact me at a later date to invite me to participate in an interview (optional) ☐

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature