



## GENERAL PRACTITIONER CONSENT FORM

<b>Study title:</b>	Promoting Adolescent Mental Health through GP training (PACE-GP): A pilot Randomised Controlled Trial and Process Evaluation of an online educational intervention designed to support GPs in Ireland to manage adolescent mental health presentations.
<b>Version:</b>	3.0
<b>Date:</b>	6/6/2025
<b>Principal Researcher and Co-Researchers</b>	Principal Researcher: Dr. Dónal Wallace Co-Researchers: Prof. Susan Smith, Dr. Sadhbh Byrne, Prof. Lina Zgaga.
<b>Principal Researcher contact details</b>	Phone: 01 896 3737 Email: wallacd1@tcd.ie
<b>Data Controller</b>	Trinity College Dublin

There are 3 sections in this form.

**Section 1** has a statement and asks you to tick if you understand. Please ask any questions you may have when reading each of the statements. This list is there to help to ensure that you understand what taking part in this research involves.

**Section 2** asks for your consent. Please select either “yes” or “no” to indicate your choice.

**Section 3** asks for your signature and email address for contact purposes to allow us to share the link to the online training and a copy of your completed consent form.

Thank you for participating.

<b>Section 1 - General Understanding</b>	<b>Tick</b>
I confirm that I have read and understood the <b>Information Leaflet</b> about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that taking part in this study is entirely voluntary. I understand that not taking part will have no negative impact on me.	
I understand that I do not have to take part in this study and that I can opt out of participation in this study up until the data analysis is complete.	
I understand that I don't have to give a reason for opting out.	
I am aware of the potential risks and benefits of this research study.	
I understand that it will not be possible to delete any of my study information from this research study once analysis of the data is complete and published.	
I know how to contact the research team if I need to. (Contact details given above)	
I would like to be contacted by the research team with the study results.	
<b>Section 2 – Consent</b>	<b>Please select “Yes” or “No” to indicate your choice.</b>
I consent to take part in this research study having been fully informed of the risks and benefits.	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
I consent to being contacted by the research team as part of this research study by email via TCD or through their providers such as Qualtrics (to receive my completed consent form, receive the link to the online educational training, receive any reminders to complete the training and share results of the research).	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
I consent to have personal information about me (opinions from the questionnaires and demographic information) being used for this research study as described in the Information Leaflet.	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
I consent to anonymous quotations being used from my questionnaire responses for the purposes of journal publication and other dissemination methods of the study findings.	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
I consent to my contact information being retained for 7 years by the research team to invite me to take part in future follow up research to this study only.	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
I consent to the ICGP receiving my name (so that they can share access to the online training with me), collecting data regarding my engagement with the training, and for the ICGP to share this data with the research team.	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>

### Section 3 – Signature and Contact details

Please complete the following if you agree to participate in the study	
Your Name:	
Your Email Address: <i>We will use this to contact you to share the link to the online training and a copy of your completed consent form</i>	
Your Signature:	
Date:	

Unique Participant Identifier questions <i>We will use the answers to these questions to generate your unique study ID code</i>	
What are the last two letters of your first name?	
On what date of the month were you born?	
What are the last two letters of your surname?	

**To be completed by the Principal Investigator or nominee.**

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them. I have given a copy of the participant information leaflet and consent form to the participant with contact details of the study team.

DONAL WALLACE	MB, BCH, BAO, BA, MICGP, DME, DR COG, DCP, DMSK.	Donal Wallace	6/6/25
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Name (Block Capitals)	Qualifications	Signature	Date

2 copies to be made: 1 for participant, 1 for PI.