

Transforming Children's Community Services (TraCCS) Study

Consent Form: Interview 1

Please tick each box if you
agree with statement.

1. I confirm that I have read and understood the information sheet dated [date and version] for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary, and that I am free to withdraw at any time.

3. I understand that the information I provide will be kept confidential and used only for research purposes.

4. I agree to allow the interview to be digitally recorded (you can decline to have your interview recorded but can still take part in the study).

5. I agree to take part in the above study.

Name of Participant **Date**
Participant

Signature of

Name of Researcher **Date**
Researcher

Signature of

Copies: 1 for Participant, 1 for Researcher