Dr Dawn Edge
School of Psychological Sciences
The University of Manchester
Coupland 1 Building
Oxford Road
Manchester M13 9PL
+44(0)161 275 2570
dawn.edge@manchester.ac.uk

Consent Form: Phase 1: Patients

CONSENT FORM

Study Title: Culturally-adapted Family Intervention (CaFI) for African Caribbean people with schizophrenia and their families

Lead Investigator: Dawn Edge

Identification Number……

Centre Number……

Study Number ……..

Please initial each box and sign your name to show you agree to the items below:

1) I confirm that I have read and understood the participant information sheet (dated TBC) for the above study (Phase 1) and have had the opportunity the ask questions and had these answered satisfactorily. ☐

2) I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving a reason, without detriment to myself, and without my medical care or legal rights being affected. ☐

3) I understand that, in the unlikely event that I lose the capacity to consent during the course of this study, I will be withdrawn from the study but information I have already given will be used by the researchers. ☐

4) I understand that data collected during the study may be looked at by individuals from the University of Manchester, 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. ☐

5) I agree that direct quotes from focus groups/consensus conferences (please delete as appropriate) can be used in the reporting of this research. I understand that my personal details will not be used and it will not be possible to identify me from any published information. ☐

6) I agree that information from focus groups/consensus conferences (please delete as appropriate) in which I participated can be offered to the UK Data Archive and made available for further research. I understand that this will be at least 5 years after the current study and that no information that could identify me will be shared or published. ☐

7) I consent to my key worker being informed about my involvement in the study. ☐

8) I consent to my GP or consultant being informed of my involvement in the study. ☐

9) I understand that if I tell the research team anything that indicates a risk of harm to myself or others, they will need to share this information with my key worker and relevant organisations or authorities but that they will discuss this with me first. ☐

10) I agree to take part in the above study. ☐

Name of participant	Date	Signature
……..	… / … / ……	……

Name of person taking consent	Date	Signature
……..	… / … / ……	……....