**Consent Form for individuals considering participating in the expert panels**

|  |  |  |
| --- | --- | --- |
|  |  | *Please* ***initial*** |
| 1. | I confirm that I have read (or had read to me) and understood the research information sheet (‘Participant information sheet for individuals considering assisting in the development of vignettes and the training package) dated 25/05/2016, Version One, and have been given the opportunity to ask questions. |  |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or my legal rights being affected. |  |
| 3. | I understand that the content of the workshops are confidential but that the researcher has a duty to inform prison staff should I disclose:   1. Behaviour that is against prison rules and can be adjudicated against 2. Information that either indicates a risk or harm to yourself or others or refers to a new crime committed or plans to commit a new crime 3. Undisclosed illegal acts 4. Information that raises concerns about terrorist, radicalisation, or security issues. |  |
| 5. | 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, to make sure the study is being carried out as planned. I give permission for these individuals to have access to my data. |  |
| 6. | I understand that the sessions will be recorded and transcribed for future use and that all transcriptions will be anonymous. |  |
| 7. | I understand that short sections of the sessions may be played or used in writing to illustrate research findings. The playing of such sections and the use of any notes will be anonymous. |  |
| 8. | I agree to take part in the above study. |  |

**Sign below for participant completed consent form**

|  |  |  |
| --- | --- | --- |
| Name of participant | Date | Signature |
|  |  |  |
| Name of researcher | Date | Signature |
|  |  |  |

p.t.o. for researcher completed consent forms

**Sign below for researcher completed consent form**

“I [researcher name] have read this form of consent to [participant name] because [participant name] is not able to read this informed consent document.

I have asked [participant name] to make his/her mark to confirm that he/she has understood the informed consent document”

|  |  |  |
| --- | --- | --- |
| Name of participant | Date | Signature |
|  |  |  |
| Name of researcher | Date | Signature |
|  |  |  |

\*1 copy for participant: 1 copy for researcher

**Principal Investigator:** Professor Jenny Shaw, University of Manchester