

Clinician/Service – Consent Form

Debt Counselling for Depression in Primary Care: An Adaptive Randomised Controlled Trial

Please initial
box

1. I confirm that I have read and understand the information sheet dated: 14/11/2014 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and that my legal rights remain unaffected.
3. I understand that my interview, though recorded, will remain anonymous and anything I say will be treated in the strictest confidence.
4. I give permission for anonymous quotations to be used, as appropriate, in written and verbal reports of the study.
5. I agree to take part in the above study.

Name of Participant

Signature

Date

Name of Person taking consent

Signature

Date