## **PRODIGY Final Report Supplementary Documents**

#### **Participant consent forms**

D. PRODIGY Participant Randomised Controlled Trial Consent Form (Version 3.0 29/09/2015)



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## The PRODIGY Trial

**PRODIGY Team** [contact details]

#### **CONSENT FORM**

PRODIGY: Prevention of long term social disability amongst young people with emerging psychological difficulties: a definitive randomised controlled trial of Social Recovery Cognitive Behavioural Therapy.

This project is funded by the National Institute for Health Research Health Technology Assessment Programme (project number 10/104/51)

### Name of Researcher:

	NOTE: Items which are optional (you do not have to agree to them) are labelled optional. All other items are mandatory (*), which means you cannot participate unless you agree to these items.	Please initial box
1.*	I confirm that I have read and understand the information sheet dated 29/09/2015 (Version 3) for the above study and have had the opportunity to have my questions answered.	
2.*	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	
3.*	I understand that the researchers and staff overseeing the study may want to look at my case notes and I am happy for them to do this.	

	Researcher	Date	Signature
	Name of Participant	Date	Signature
11. <b>OPTIONAL:</b> For participants in education ONLY:  I am happy for you to inform relevant staff members at my school or college that I am taking part and to discuss the support I receive and school performance if relevant.			,
	securely by the Norwich Clinical Tr	ials Unit (coordinating c	nt form to be kept confidentially and centre)
9.	<b>OPTIONAL:</b> I give my consent for the be made. I understand that this is person hearing the tape will keep to stored under locked conditions.	for the purposes of train	ning and supervision only, that any
8.	• •		are assessment information regarding care team/consultant psychiatrist and
7.*	I agree to take part in the study of th Therapy (SRCBT).	e new talking therapy So	ocial Recovery Cognitive Behavioural
6.*	be looked at by regulatory authori	ties or by persons from	nd data collected from the study may the Trust where it is relevant to my individuals to have access to this
5.*	I understand that anonymised data in order to be analysed by the res	•	tside of the trust by a secure method
4.	I give consent to the PRODIGY te that I am taking part in the study.	am informing my care	team/consultant psychiatrist and GP

E. PRODIGY Randomised Controlled Trial Participant research process (process evaluation sub-study one) and participant intervention (process evaluation sub-study two)



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# The PRODIGY Trial - Interview study

Project Team [contact details]

#### **CONSENT FORM**

PRODIGY: Prevention of long term social disability amongst young people with emerging psychological difficulties: a pilot randomised controlled trial of social recovery cognitive behavioural therapy.

Name of Researcher:

		Please		
initial box				
1.	I confirm that I have read and understand the information sheet dated 18/01/2013 (Version 3) for the above study and have had the opportunity to have my questions answered.			
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.			
3.	I understand that I have been contacted specifically to take part in a more detailed interview.			
4.	I understand that sections of any of my medical records may be looked at by responsible individuals working on the project or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.			
5.	I understand the interview will be audio recorded so that what I say will be accurately recorded. I understand that the interview is confidential and that I will not be individually identified in any way in the report.			
6.	I agree to my anonymous quotations being used for the project report and publications.			

7.	7. I understand that anonymised data may be transferred outside of the trust by a secure method in order to be analysed by the research team.			
8.	I agree to take part in the above	study.		
 Nan	ne of Participant	 Date	Signature	
Res	earcher	 Date	Signature	<del> </del>

# F. PRODIGY Therapist Sub-study Consent Form (process evaluation sub-study three)



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Name of Researcher: Catarina Sacadura

personal information.

#### **CONSENT FORM**

Title of Project: Social Recovery Therapy: Therapists' experience of coping and hope working with complex clients

Please initial box

1. I confirm that I have read and understand the information sheet dated 16.08.17
(V1) for the above study. I have had the opportunity to consider the information, ask questions and have any questions answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, up until the point of data analysis.

3. I am willing to take part in the interview for this study and for the interview to be audio-recorded.

4. I understand that my data will be anonymous and will be stored separately from my

5. I understand that all identifying information will be removed from interview transcripts

and any quotes used in any reports or publications will not be identifiable.

6. I agree to agree to take part in the above research study.

Name of Participant	Date	Signature
Name of Person	Date	Signature
taking consent		