

COMPLEX NEEDS SERVICE

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Study Number: 08/H0605/87

Patient Identification Number for this trial:

CONSENT FORM

Title of Project: **Therapeutic Community Intervention Trial**

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information sheet dated 5 Sep 2008 (version 4) 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, without my medical care or legal rights being affected.

3. I agree to my GP being informed of my participation in the study

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

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature

When completed, 1 for patient; 1 for researcher site file; 1 (original) to be kept in medical notes



Version 5: 21 Jan 2010