**Incredible Years Trainer/Mentor Consent Form**

**Participation in the process evaluation of the E-SEE project**

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|  | **Please initial**  **box** |
| I confirm that I have read and understand the participant information sheet (Version 1, 13/02/17) for the above study. I have had the opportunity to ask questions and these have been answered satisfactorily. |  |
| I understand that my participation is voluntary and that I am free to withdraw my consent at any time, including during or after the interview, without explanation and will not be disadvantaged in any way for doing so. |  |
| I understand that the interview will be audio recorded. |  |
| I understand that all data will be collected, stored and processed in compliance with the Data Protection Act 1998. |  |
| I understand that I will not be able to be personally identified from any data or quotes used in publications of the results of this research. |  |
| I understand that the anonymised data collected in the study may be used to support other research in the future, and may be shared with other researchers. |  |
| I consent to take part in a telephone interview for the above study. |  |

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| **Name of Service Manager** | **Signature** | **Date** |
| **Name of Researcher** | **Signature** | **Date** |

You will receive a copy of this form for your records.