

## Participant Consent Form: PORTLAOISE PROGRAMMES

If you would like to participate, please return this to the reception of the service your child attends, or by post or email it to Anna Berry by **2<sup>ND</sup> MARCH 2020**

**Study title:** A Randomised Control Trial of an adapted Mindfulness Based Stress Reduction programme for parents and caregivers of children with ADHD

I have read and understood the <b>Information Leaflet</b> about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I can withdraw my questionnaire data up until August 2020. I understand if I participate in a focus group, I will not be able to withdraw my data, as this will be impossible to identify from data of other participants. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my future medical care.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am aware of the potential risks, benefits and alternatives of this research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been given a copy of the Information Leaflet and this completed consent form for my records.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to take part in this research study having been fully informed of the risks, benefits and alternatives.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give informed consent to have my data processed as part of this research study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Participant Name (Block Capitals)

| Participant Signature

| Date

### To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above patient/service user the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

**FV Date 08/12/19**

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Name (Block Capitals) | Qualifications | Signature | Date

**Additional Consent to Participating in a Focus Group**

I consent to talking part in a focus group.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The processes involved in taking part in a focus group have been explained to me and I understand that any contribution I make cannot be withdrawn due to the nature of focus groups.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been advised not to name any individual during the focus group.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I fully understand the processes involved in being audio-taped.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to be audio-taped for the purpose of this study only.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand if I participate in a focus group, I will not be able to withdraw my data, as this will be impossible to identify from data of other participants.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand the audio material will be securely destroyed following data analysis and data verification.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NAME OF PARTICIPANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF RESEARCHER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Parent/ Caregiver Participant Contact Details**

<b>Parent/ caregiver name</b>	
<b>Phone number</b>	

Please return this form by one of the following:

1. By email: [anna.ni-bheara@ucdconnect.ie](mailto:anna.ni-bheara@ucdconnect.ie)
2. By post: Anna Berry, Trainee Clinical Psychologist, School of Psychology, Newman Building, University College Dublin, Belfield, Dublin 4