**Recovery College Cornwall Research Consent Form**

 Please add your **initials** to the boxes below and overleaf.

JS

 For example: For “John Smith”

|  |  |
| --- | --- |
| I confirm that I have read and understand the information sheet (Version 2. 16.10.19) for the above research study and have had a discussion today about the study with my Learning Support Worker or a Researcher. |  |
| I understand that as a student of Recovery College Cornwall I do not have to participate in this research study and that if I do participate I can withdraw at any time without this impacting on my involvement with the College |  |
| **I agree to the following components of the research study:** |  |
| To complete the two questionnaires at the start and end of my time with RCC and to be contacted and asked to complete them again three months after I graduate or leave the College |  |
| To allow the Research Team to use the documents I complete with my Learning Support Worker to inform the Recovery College Cornwall research  |  |
| To allow the Research Team access to any clinical records I have with Cornwall Partnership NHS Foundation Trust (if I have been referred here) and use my service use data to inform the Recovery College Cornwall research  |  |
| To attend a focus group to discuss my experience as a student with Cornwall Recovery CollegePlease note that this is optional and you do not have to add your initials if you do not want to be approached for this. You can still be part of the research study without attending a focus group  |  |

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Name of student Date Signature

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Name of person taking consent Date Signature

**Contact details for the Research Team**

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