Consent Form for Young people aged 14-18

**Project: What is the experience of people learning mindfulness in DBT?**

**Researcher: Jennie Eeles , Research Student**

**University of Southampton**

Please initial each box:

1. I have had the research explained to me and was given a copy of the research information (information sheet Version 5 dated- 8th April 2015) to read before today.
2. I have had the chance to ask questions about the research
3. I understand that the interview will be electronically recorded and then written out so it can be read
4. I understand that I can stop the interview at any time without giving a reason or chose not to answer any question
5. I understand that ...............(member of care team) is a contact for any information that may need to be shared or if I need any support after the interview
6. I understand that the recording and written copy of what I say will be stored at the University of Southampton for 10 years
7. I understand that information collected about me during my participation in this study will be stored in a locked facility at the university or on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous
8. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from The University of Southampton; from regulatory authorities or from the

NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records

1. I am happy for this interview to be used as part of the research project and for some things I say to be put into the report (with my name changed and with no details about where I am from)
2. I understand that my participation in this research is voluntary and I can

withdraw my consent at any time without giving a reason, without my medical care or legal rights being affected.

1. I agree to take part in this research

Participant

Signed............................................ Name(print)........................................ Date..........................................Time.................

Researcher

Signed............................................ Name(print)........................................ Date..........................................Time.................