

Participant Informed Consent Form

IRAS ID: **320293**

Trial Name: **Evaluation of Pilot Online Binge Eating Disorder Group Intervention for under 18s.**

Chief Investigator: **Dominique Muhumuza**

Principal Investigator: **Dominique Muhumuza**

Participant Identification number: _____

		Please initial each box
1. I confirm that I have:		
<ul style="list-style-type: none"> • read and understand the information sheet PIS Parent Carer -BE Group Intervention 2022.docx for the above study. • had enough time to think whether or not I want myself and my child to take part, ask questions and get answers that I think are reasonable. • Understood that this study is designed to further scientific knowledge and that all procedures have been approved by the Research Ethics Committee of Newman University and by the Research Ethics Committee of Coventry and Warwickshire NHS Partnership Trust. 		
2. I understand that my taking part is voluntary and that I am free to stop taking part at any time without giving any reason, without my medical care or legal rights being affected.		
3. I agree to try and complete the questionnaires. I understand that I can take a break or stop completing them if I wish.		
4. I understand that:		
<ul style="list-style-type: none"> • My child will be participating in a group intervention • I will be asked support my child to complete weekly tasks as part of the group • I will be asked to attend an information session 		
5. I understand that my questionnaires and feedback may be looked at by people from the Coventry and Warwickshire Partnership trust or Newman University. I give permission for these individuals to have access to all information collected.		
6. I understand that information collected will be kept confidential. However, if I tell the researchers something they think is likely to result in immediate harm to myself or others, they may have to talk to me about disclosing this in line with the law and local safeguarding procedures.		
7. I agree for the ED team to inform my child's GP that I am participating in this project.		
8. I agree to take part in the above study.		

Your name (in capitals)	Date	Signature

Name of person taking consent (in capitals)	Date	Signature

Name of person recording consent (if different) (in capitals)	Date	Signature

When completed, the original should be kept in the Investigator Site File, a copy should be given to the patient and one kept in the study notes along with the Participant Information Sheet.