

Sleep, Wake and Light therapy for depression

Informed Consent Form

1st July 2017



Ethics Approval Reference: 17/LO/1567, IRAS Project ID: 225748

CONSENT FORM

Title of Project: **Sleep, Wake and Light therapy for depression**

Name of Researcher: Professor David Veale

Please initial the boxes

1. I confirm that I have read the information sheet dated 1st July 2017 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals attached to the research study, 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.
4. I understand that the information collected about me will be used to support other research in the future, and may be shared *anonymously* with other researchers.

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5. I agree to my General Practitioner being informed of my participation in the study including any necessary exchange of information about me between my GP and the research team.

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6. I agree to take part in the above study.

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_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent	Date	Signature