***The Value of Health-Justice Partnerships***

**CONSENT FORM**

Participant ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial box

1. I confirm that I have read the research summary (dated 23/12/2016, version 2) for the above

study. I have had the opportunity to consider the information, ask questions and have had

these answered satisfactorily.

1. I confirm I have read the information sheet (dated 23/12/2016, version 2) for the above study.
2. I understand that my participation is voluntary and I am free to withdraw at any time without

giving a reason, without my medical care or legal rights being affected.

1. I understand that I will be contacted during the next 6 months to participate in follow up

surveys. I am happy to be contacted for the research purposes of this study.

1. I give permission for information collected during my legal advice session to be shared with

the UCL research team in a way that cannot identify me.

1. I give permission for relevant sections of my GP records to be shared with the UCL research

team in a way that cannot identify me.

1. I understand that if I withdraw, the information already collected may be used in an

anonymised way unless I ask for it to be destroyed.

1. I understand that the information collected about me will be used in publications and other

research outputs in a way that cannot identify me.

1. 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.

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

Are you willing to be contacted to take part in future research? 🞎 Yes 🞎 No

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Name of participant Date Signature

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Name of person taking consent Date Signature