



Consent to be contacted by the Research Team

Title of study: Parents' experiences of parenting a child with Obsessive Compulsive Symptoms/Disorder

I confirm that I am happy to be contacted by a member of the research team about the above study.

Title:

First Name:

Surname:

Please provide a contact number:

Please provide an email address:

Signature:

Name of clinician who took consent:

Signature:

Date:

Thank you for completing this form. Your information will be passed onto a member of the research team, who will contact you to discuss the study further.

If you have any questions or concerns about any aspect of this research, please contact the research team:

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