

# CONSENT FORM

FOR PARENTS OF CHILDREN WITH OBSESSIVE COMPULSIVE SYMPTOMS/DISORDER

1 copy for participant; 1 copy for researcher

Version 4.0, 02/05/2019 IRAS ID 260035  
Participant number: \_\_



# University of Reading



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

**Lead Investigator: Chloe Chessell**

**Supervised by: Professor Cathy Creswell, Dr Brynjar Halldorsson and Dr Kate Harvey**

*Please initial each box.*

I confirm that I have read and understand the Information Sheet dated 02/05/2019 (Version 4.0) for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my or my child's medical care or legal rights being affected.

I understand that relevant sections of the data collected during the study may be looked at by individuals from the University of Reading and Berkshire Healthcare NHS Foundation Trust where it is relevant to my taking part in this research. I give permission for these individuals to have access to the data I provide.

I agree that the researchers can use anonymous and unidentifiable direct quotes from information I give them during the study in any resulting publications and research reports.

I understand that the interview will be audio-recorded to ensure quality and I give my permission for this to happen.

I agree to take part in the above study.

I would like to receive a summary of the results of this study

I have spoken to: \_\_\_\_\_ (name of researcher)

Your child's name: \_\_\_\_\_

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

Name of researcher: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_