**CONSENT FORM**

**Improving the mental health of farmers and crofters: what types of remote intervention and support are acceptable and feasible to best support improved outcomes? (Stage 2)**

If you are willing to participate in this study, please identify your responses to each item below and sign and date the declaration at the end.

|  |  |
| --- | --- |
| I have had the research satisfactorily explained to me in verbal and / or written form by the researcher. | YES / NO |
| I understand that I may stop the intervention at any time but may be contacted later, as part of the study’s aim to understand why people withdraw from receiving support for their mental health. | YES / NO |
| I understand that all information about me will be treated in strict confidence and my participation will remain confidential (except to the research team and those delivering services as part of this study) and that any data held will have all identifiable data removed. | YES / NO |
| I understand that findings from this research, including my anonymised data, may be published, used to develop further research studies and mental health interventions. | YES / NO |
| I understand that data will be collected by the provider of the mental health support service(s) that I receive which will be passed to the research team for analysis as part of the study. | YES / NO |
| I am over 18 years old | YES / NO |
| I freely give my consent to participate in this research study and have been offered a copy of this form for my own information. | |
| Signature: ……………………………………………………………… Date: …………………………………… | |

PLEASE TURN OVER

**Consent to contacting your GP.**

In the information sheet we provided it stated that if during the study, your mental health becomes significantly worse, or we are worried that someone is hurting you or that you are going to hurt yourself or someone else, we will contact your GP or other emergency services as appropriate. **This will only be used if deemed absolutely necessary.**

Please provide the name of your GP and your local surgery:

GP name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery name and/or address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Contact details of any other emergency contact ***you would prefer*** to use:

Name:

Phone number:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_