

## INFORMED CONSENT FORM

**Title of Study:** The Acceptability and Effectiveness of an Online Self-help Programme for the Management of Eating Disorders

**Name of Chief Investigator:** Eleanor (Nell) Filgate, Trainee Clinical Psychologist, NHS Tayside

Please initial box –

1	I confirm that I have read and understood the Participant Information Sheet (Version 2, 04.03.16) for the above-named study. I have had the opportunity to consider the information and ask questions, and have had any questions answered satisfactorily.	
2a	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any medical care or legal rights being affected.	
2b	I understand that if I lose capacity, I, and all of my identifiable data, will be withdrawn from the study, however, the research team will retain all of my non-identifiable data.	
3	I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the regulatory authorities and from the Sponsor (University of Edinburgh) or from the/other NHS Board(s) where it is relevant to my taking part in this research. I give permission for those individuals to have access to my records.	
4	I agree to my GP being informed of my participation in the study.	
5	I agree the Chief Investigator can access my medical records for the purposes as stated in the Participant Information Sheet (Version 2, 04.03.16)	
6	I agree to participate in the above-named study.	

Name of participant \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name of individual taking consent \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Tick here if you would like to receive a copy of the published study findings