**Consent Form** **Participants Copy**

***Research study identifying experiences of grief in patients of the North West Community Addiction Team, Glasgow***

If you are interested in taking part in the study, please initial to confirm you understand the following:

 *Initials*

I have read and understood the information sheet titled ‘*Research*

*study identifying experiences of grief in patients of the North West*

*Community Addiction Team, Glasgow’*. I have had the opportunity to ask the researcher any questions I have.

I understand that I can stop completing the questionnaires at any time.

If I do, my information will not be used as part of the project.

My on going care from the Addictions Team will not be affected if I choose

not to take part.

I understand that any clinical concerns from the questionnaires will be

shared with my worker.

If you are happy to take part in this project, please sign below:

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write your name) consent to taking part in the research project exploring experiences of grief in the Glasgow Addictions Service.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent taken by:

Clinician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent Form** **Researchers Copy**

***Research study identifying experiences of grief in patients of the North West Community Addiction Team, Glasgow***

If you are interested in taking part in the study, please tick to confirm you understand the following:

 *Tick*

I have read and understood the information sheet titled ‘*Research*

*study identifying experiences of grief in patients of the North West*

*Addiction Service, Glasgow’*. I have had the opportunity to ask the researcher any questions I have.

I understand that I can stop completing the questionnaires at any time. If I do, my information will not be used as part of the

project.

My on going care from the Addictions Team will not be affected if

I choose not to take part.

I understand that any clinical concerns from the questionnaires

will be shared with my worker.

If you are happy to take part in this project, please sign below:

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write your name) consent to taking part in the research project exploring experiences of grief in the Glasgow Addictions Service.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent taken by:

Clinician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_