**CONSENT FORM**

**Title of study: Using participatory digital platforms to enhance resilience and mental health of** **Scottish (NHS Highland) health and care staff during COVID-19**

IRAS ID (if applicable): Highland 1651
Centre Number (if applicable):TBC
Study Number (if applicable):TBC
Participant Identification Number for this trial:TBC

Name of Researcher: Dr. J.H De Kock **Please initial box**

1. I confirm that I have read the information sheet dated.................... (version............) for the
above study. I have had the opportunity to consider the information, ask questions and have
had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time
without giving any reason, without my medical care or legal rights being affected.
3. I understand that to take part in the study I have to register with the online application ‘**InTechnology plc**’ .

 To do so I need to provide my mobile number and email address. I understand this

 information will be kept by UHI and processed by **InTechnology plc** for the duration of

 the study (no longer than 8 weeks).

1. I understand that the information collected about me will be used to support
other research in the future, and may be shared anonymously with other researchers.
2. I give permission to use any data collected up to the time of withdrawal
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I give consent for my name and contact details to be passed on to the NHS Wellbeing support services in the event (and only in such event) that I experience suicidal thoughts or overwhelming emotional distress during this project and indicate this by clicking on the 'SOS' button on the app or survey platform. I understand that no other details will be passed onto the NHS Wellbeing support services other than my name, contact information and that I am a participant in this project and have clicked on the 'SOS' button indicating that I am experiencing suicidal thoughts or overwhelming emotional distress.

I agree to take part in the above study.

Name of Participant Date Signature