

Centre Number:

Project Number:  
**330114**

Participant Identification Number for this  
study:

**Title of Project:** 'Older people's experience of discharge from mental health  
inpatient settings: a qualitative exploration of patient and nurse  
perspectives.'

**Name of Researcher(s):** Georgia Smith (Lead Researcher)  
Dr David Grinter (Academic Supervisor)

## CONSENT FORM

Please  
initial box

I confirm that I have read and understood the Patient Participant Information  
Sheet (v.02 10.11.23).

I have had the opportunity to think about the information, ask questions and  
understand the answers I have been given.

I understand that my participation is voluntary and that I am free to withdraw at  
any time, without giving any reason, without my healthcare or legal rights being  
affected.

I confirm that I agree to the way my data will be collected and processed and that  
it will be stored for up to 10 years in university archiving facilities in accordance  
with the University of Glasgow Data Retention Policy (University of Glasgow,  
2016), as well as the General Data Protection Regulation (2018).

I understand that all data and information I provide will be kept confidential and  
will be seen only by study researchers and regulators whose job it is to check the  
work of researchers.

I agree that my name, contact details and data described in the information sheet  
will be kept for the purposes of this research project.

I understand that if I withdraw from the study, my data collected up to that point  
will be retained and used for the remainder of the study.

I agree to my interview being audio-recorded.

I understand that my information and things that I say in an interview may be quoted in reports and articles that are published about the study, but my name or anything else that could tell people who I am will not be revealed.

☐

I agree that researchers can tell my care coordinator (the clinician assigned to help co-ordinate and navigate your care e.g. your CPN or Psychiatrist) that I am taking part in this study.

☐

I understand that other researchers can have access to my anonymised data only if they have scientific and ethical approval, and agree to preserve the confidentiality of this information as set out in this form.

☐

I agree that should significant concerns regarding my mental or physical health arise during my participation in the study that a member of an appropriate clinical team will be immediately informed.

☐

**I agree to take part in this study.**

☐

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

☐

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature