



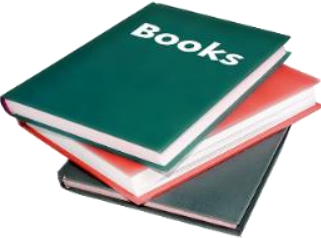





Stand By Me Consent Form

		Tick if you agree
	<p>I have read the Stand by Me Information Sheet dated 8th August.</p> <p>I have had the chance to ask questions.</p>	
	<p>I will meet the researcher to talk about my relationship.</p>	
	<p>I understand that we will meet at an office or another public space.</p>	
	<p>I understand that we can also talk over a computer, tablet or telephone if we cannot meet in person.</p>	

	<p>I agree that the researcher can record what we say.</p>	
	<p>I understand that the researcher may also talk to my family or support workers (if possible). This may be in person or using a computer, tablet or telephone.</p>	
	<p>I understand that the researcher might draw or use pictures when we talk</p>	
	<p>I understand that I can stop talking at any time. I do not have to give a reason for this.</p>	
	<p>I understand that the researcher will write about Stand by Me. It might be published in a book or journal.</p>	

	<p>I understand that my name will not be used.</p>	
	<p>I understand that I will be sent a copy of the Stand by Me findings.</p>	
	<p>I agree to take part in the Stand by Me research.</p>	

Name of participant

SignatureDate.....