

CONSENT FORM

Title of Study: Can digital technologies help support mental health and reduce inequalities in mental health recovery in rural areas?

Participant Group: 12-step Recovery group members for Interview

Name of Researcher: Noreen Grant

Please initial box

- | | |
|---|--------------------------|
| 1. I confirm that I have read the participant information sheet dated.....for the above invitation to interview and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2. I understand that my participation in the interview is voluntary and that I am free to withdraw at any time without giving any reason and without any consequences. | <input type="checkbox"/> |
| 3. I understand that any information recorded in the study will remain confidential and that no information that identifies me will be made publicly available. | <input type="checkbox"/> |
| 4. I consent to use of the data in research, publications, sharing and archiving as explained in the Participant Information Sheet. | <input type="checkbox"/> |
| 5. I consent to audio/video of the interview being recorded as part of the project (delete 'video' if you only want to consent to audio recording) | <input type="checkbox"/> |

I agree to take part in a research interview as detailed in the participant information sheet.

Name of Participant	Date	Signature

Noreen Grant		
Name of Researcher	Date	Signature