

Consent Form

I agree to participate in the study “Understanding Children’s Behaviour: the Role of Parental Mental Health”. I have read the information sheet and I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason for doing so.

Please tick the boxes below:

I confirm that I have read and understood the information sheet
for the above study and agree to participate by completing the questionnaire.

I understand that the research forms part of the requirement
for a doctoral degree in psychology and the findings may result in publication.

I understand that, as this is a scientific study, the researcher will be required to
contact an individual involved in my health care to confirm my personality disorder
diagnosis. The contact details of this individual are recorded below:

Name of Individual

Address:

Telephone Number:

I give permission for the above individual to provide the researcher with the details
of my personality disorder diagnosis

Name of Participant:

Date of Birth:

Signature:

Today’s Date:

Name of Researcher: Claire Norfolk

Researcher Signature:

Date:

