

Healthier Wealthier Families in East London (HWFinEL): evaluating and extending health and wellbeing benefits of universal co-located money advice for parents of newborns

INFORMED CONSENT FORM

Participant Screening Number:

Please read the information below carefully and enter your initials in the box next to each statement if you are happy to consent to participate in the HWFinEL study:

Number	Consent Statement	Agree (please initial box)	Do not agree (please initial box)
1	I confirm that I have read and understood the HWFinEL Participant Information Sheet version _____ dated ____/____/____. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>	
2	I understand that I have free choice to take part in the HWFinEL study and can stop taking part at any time, without giving a reason, and without my medical care or legal rights being affected.	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>	
3	I understand that the answers to any questions will be treated confidentially. I agree for my data collected as part of this study to be used in future ethically approved research and may be shared anonymously with other researchers.	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
4	<p>I consent to members of the research team from University College London having access to the data from my completed questionnaires and benefit welfare advice data.</p> <p>I understand this data will be entered on a confidential database managed by UCL and that it will be given a code number (generated by the database) to ensure my confidentiality. I also understand that some of my personal data (i.e. email, telephone and address) will be stored on a separate secure database within UCL.</p>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>	

Number	Consent Statement	Agree (please initial box)	Do not agree (please initial box)
5	I agree for the study team to retain my contact information for 5 years and to be contacted by the study team to receive a summary of the trial results after the trial is finished or for participation in future research that might be relevant to me or my child.	<input type="checkbox"/>	<input type="checkbox"/>
6	I agree to be contacted by the research team about taking part in a phone or in-person interview as part of this research study. Interviews will be recorded and transcribed and anonymised quotations may be used. The recordings and transcriptions will be stored for 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
7	I understand that relevant sections of my data, where it is relevant to my taking part in this research, may be looked at by the UCL research team for audit or regulation purposes. I give permission for these individuals to have access to my records. I understand that my confidentiality will be maintained at all times.	<input type="checkbox"/>	
8	I agree to take part in the HWFinEL study and comply with the requirements of the study as best I can.	<input type="checkbox"/>	

PLEASE complete names in BLOCK CAPITALS

Participant Name _____	Date (DD-MMM-YYYY) ___/___/___	Signature _____
Person Taking Consent _____	Date (DD-MMM-YYYY) ___/___/___	Signature _____
Witness (only if applicable) _____	Date (DD-MMM-YYYY) ___/___/___	Signature _____