

Scottish Mental Health Research Register

Consent Form



Name: _____

Agreement to participate

I agree to submit my details to the Scottish Mental Health Research Register.

Please tick the boxes below if you agree to the following:

- I agree to submit my details
- I agree that my personal information will be held electronically on computer for the duration of the Register project
- I agree to receive an annual newsletter enclosing a 'Change of Personal Details' form
- I understand that I may be contacted about future research studies through this Register
- I understand that I may withdraw my details from the Register at any time
- If I or someone in my family has suffered from mental health problems, I understand that my refusal to participate will not affect the treatment that I or my family member may receive in future.

Signed: _____ Date: _____
Participant

Signed: _____ Date: _____
Researcher

Data Entry:		Date:		Register ID:	
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