Reimagining Secure Care  
Participant Consent Form: Design Sessions

* I confirm that I have read and understood the Participant Information Sheet from the above project
* I understand that my participation is voluntary and that I am free to withdraw from the project at any time before taking part, up to December 2023, without having to give a reason and without any consequences
* I understand that anonymised data (i.e. data that does not identify me personally) cannot be withdrawn once they have been included in the study
* I understand that any information recorded in the project will remain confidential and no information that identifies me or anyone I might provide a service to will be made publicly available. This includes details such as names of people or places, or details which might allow someone to identify me
* I understand that if any information shared causes immediate concern for the safety or wellbeing of others, the project team have a responsibility to communicate this with the appropriate person(s)
* I understand that anonymised data will be collected and analysed to be shared in a report to the Scottish Government, which may include anonymised quotes
* I consent to being a participant in the project

I consent to taking part in the project YES / NO

Name:

Signature:

Date:

Contact email address:

Please email the completed Participant Consent Form to: cycj@strath.ac.uk prior to taking part in the co-design group sessions.