**Participant Informed Consent Form (PICF)**

Participant identification number for this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of project:** Improving access to high quality treatment and rehabilitation services for people with mental disorders in India.

**Name of Principal Investigator:** Dr. Soumitra Pathare

Contact: +91-9370 666 191 or +91-9370666075

**Name of Site co-investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact:

**Participant’s statement:**

The contents of the information sheet dated ……………….. ,which was provided to me have been read carefully / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions. All the questions have been answered to my satisfaction.

The nature and purpose of the project and its potential risks / benefits and expected duration of the interview, schedules of follow up interview, and other relevant details of the project have been explained to me in detail.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this project and sections of any of my medical notes may be looked at by responsible individuals from ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I give permission for these individuals to have access to my records.

I understand that my records will be kept private.

[ ] I do not agree to be interviewed.

[ ] I agree to be interviewed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

(Signature) Place:

Name of the Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Son / Daughter / Spouse of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number(s):

In case the participant is illiterate, the information has been explained to him/her verbally in the language he/she comprehends.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

(Left hand’s thumb impression) Place:

Name of LAR/ Relative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

(Signature) Place:

This is to certify that the above consent has been obtained in my presence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures of the Witness Date:

 Place:

Please tell me if this is a good time and place to talk?

If there are any problems we can agree on a place and time of your choice.

Interviewer’s statement:

I, the undersigned, have explained to the volunteer, in a language he/she understands, the procedures to be followed in the project and the risks and benefits involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature of Interviewer Place:

Copy of: Participant [ ]

 Interviewer [ ]