



Participant Consent Form

1. I confirm that I have read and understood the Information Sheet for the study entitled

Placing a learning disabled child in residential care: parents' decision making processes: a grounded theory exploration

Please tick to indicate yes []

2. I have had the opportunity to consider the information, ask questions if I so wish and have had them answered satisfactorily.

Please tick to indicate yes []

3. I also understand that I am free to withdraw from the study at any time without giving a reason.

Please tick to indicate yes []

4. I agree to have anonymised quotations from my interview used in any published material'.

Please tick to indicate yes []

5. I consent to take part in this study.

Please tick to indicate yes []

6. By signing below you are indicating that you consent to take part in the study.

Participant:

Print name _____ Signature: _____ date _____

Researcher:

Print name _____ Signature: _____ date _____