* [if applicable insert local NHS organisation logo]*

**SCRIPT VERBAL CONSENT**

 **WELFARE GUARDIAN /WELFARE ATTORNEY/NEAREST RELATIVE**

*Study title: Prevalence of Pathogenic Antibodies in Psychosis 2 (PPiP2)*

***Note: This script is to be used when a welfare guardian/welfare attorney/nearest relative advises for their ward/relative/person they are consenting for to take part in a research study but cannot attend in person and give written consent for any reason.***

***Introduction****:* Hello, my name is [*researcher’s name*] and I am a researcher working in the department *<insert department>* at the *<insert institution*>. I’m doing research in psychiatry. Your ward/relative/person you are consenting for <*name of the participant*> is eligible for our study but they are currently not able to give informed consent to take part. Their doctor/nurse informed you about my call. Thank you for agreeing to talk to me.

I believe their doctor/nurse invited you to consent for them to take part in our research study called “PPiP2” as their welfare guardian/welfare attorney/nearest relative and you indicated that you would like to talk to me. You received an information leaflet about what we would like you to do and how we would manage your ward/relative/person you are consenting for’s information.

As you are not able to attend in person and indicated that would like to discuss the study over the phone/video call so I will go through the study Participant Information Sheet for Welfare Guardian/Welfare Attorney/Nearest Relative and Consent Form for Welfare Guardian/Welfare Attorney/Nearest Relative with you if you wish and record any questions or answers you might have. Are you happy for me to do this?

Would you like me to further explain the study to you and go through the Participant Information Sheet for Welfare Guardian/Welfare Attorney/Nearest Relative?

**Record participant’s response:** Yes / No

***If yes, record any questions and responses given, below.***

***I will now be reading the questions on the Consent Form for Welfare Guardian/Welfare Attorney/Nearest Relative to you and recording your answers. Are you happy for me to do this?***

***If the answer is:***

***YES - ask the welfare guardian/welfare attorney/nearest relative to state their full name and read consent statements 1-10 from the Consent Form for Welfare Guardian/Welfare Attorney /Nearest Relative and ask the welfare guardian/welfare attorney/nearest relative to respond verbally to each consent statement;***

***NO - thank the welfare guardian/welfare attorney/nearest relative for their time and leave without collecting any data. Note that he/she did not agree to proceed with involvement of their ward/relative/person they are consenting for in the study.***

Thank you very much for talking to me about our study.

 **VERBAL CONSENT CONFIRMATION FORM**

**WELFARE GUARDIAN/WELFARE ATTORNEY/NEAREST RELATIVE**

**After explaining the study to the welfare guardian/welfare attorney/nearest relative and reading the PIS for Welfare Guardian/Welfare Attorney/Nearest Relative and Consent Form statements to them, I can confirm that the welfare guardian/welfare attorney/nearest relative consented for their ward/relative/person to take part in the study.**

……………………………………………………………… …………………………….

Name of welfare guardian/welfare attorney/nearest relative Date of verbal consent

Relationship to participant: …………………………..….

Name of participant: ……………………………………..

……………………………………………………………… …………………………….

Name of Person obtaining welfare guardian/welfare Date

attorney/nearest relative’s consent

………………………………………………………………

Signature of person obtaining welfare guardian/welfare

attorney/nearest relative’s consent

***If the welfare guardian/welfare attorney/nearest relative is happy to proceed with participation of their ward/relative/person he/she is consenting for in the study procedures, provide details about blood sample collection (e.g. who, when and where will collect blood sample from their ward/relative/person he/she is consenting for or when they have been collected and that you will obtain them (if required, under the Material Transfer Agreement or an appropriate agreement). Agree with the welfare guardian/welfare attorney/nearest relative the most convenient way to deliver their Verbal Consent Form.***

Please provide your name and the most suitable contact details below so that I/a member of the research/clinical team can contact you to provide your Verbal Consent Form.

Name: …………………………………………………………………….

Telephone Home: ……………………………………………………………………

Telephone Mobile: ……………………………………………………………………

Home Address: …………………………………………………………………...

Email: ……………………………………………………………………

Notes:……………………………………………………………………………………………………

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