

NeuroScience in Psychiatry Network (NSPN) Withdrawal Form (Parent/Legal Guardian)

* My child's name is _____

* My child's date of birth is ____ / ____ / _____

* My child's postcode is _____

Mandatory fields are marked with a *

* Please tick any that apply:

I wish to withdraw my child from the **U-Change study**. *This means that he/she will not be asked to participate further in U-Change, but may be invited to participate in other NSPN studies in the future.*

I wish to withdraw my child from the **NSPN panel**. *This means that he/she will not have any further contact about any current or future NSPN studies.*

Please delete our **personal data**. *We will delete any personal/identifiable data we have from you and your child, such as name, date of birth and contact details.*

Please delete our **research data**. *We will delete any non-identifiable data we have from you and your child, such as questionnaires, assessment scores and genetic samples.*

You do not have to answer this question, but it would be useful if you could let us know why you have decided to withdraw your child from the research: _____

* Your name _____ Relationship to participant _____

* Signed _____ Date ____ / ____ / _____

Thank you! Please send this form to FREEPOST NSPN.

-----FOR OFFICE USE ONLY-----

Records updated

CI/PI/NSPN Team Member informed – Name: _____ Date informed: ____/____/____

Confirm deletion of: Personal data Research data N/A

Name _____ Signed _____ Date ____/____/____