

## CARMEN STUDY: Peer Mentoring for Young Women in Care



### CONSENT FORM - MENTEES

I have read the information sheet, or had it read to me. I understand what you are trying to find out in this research and what my role is if I decide to do this.

I understand that it may involve me being offered support and being seen on a regular basis, by a young woman who has been through the care system - called a peer mentor.

I understand that my peer mentor will need to record information about our contacts in a diary for the research team.

I understand that I shall also be asked to fill out some questionnaires and be interviewed at the beginning and the end of the peer mentoring. I understand that I shall receive a £15.00 voucher plus my travel expenses on each occasion.

The research workers have informed me that my social worker can be present at the above interview. I have accepted / declined this offer (delete as appropriate).

I understand that a sample of mentees will be asked extra questions about the peer mentoring experience at the end of the peer mentoring.

I understand that if I am chosen for this, I shall receive an additional £5 voucher.

I agree to the research team accessing my GP records and asking my social worker for some additional information regarding how I have been coping with my experience of care, my placement history, reasons for going into care, health and any involvement with the police and youth justice system.

I agree that my interviews may be tape recorded.

I understand that information I provide will remain confidential to the peer mentors, the project coordinator, the research team and our research partners - unless I say something that makes them worry about my safety or the safety of another young person. In this case you may have to pass information to other members of my care team.

I understand that any personal details about me will be stored confidentially for six months after the project ends, and then destroyed.

I understand that I can decide not to take part in this project, or withdraw at any time, without needing to give an explanation and without any aspect of my care or services provided being affected.

I would like to be part of this study.

Name of Participant  
Signature

Date

Name of Researcher

Date

Signature

Taking Consent



## CARMEN STUDY: Peer Mentoring for Young Women in Care

### CONSENT FORM -- MENTORS

I confirm that I have read the information sheet, or had it read to me. I understand what you are trying to find out and what I would be asked to do if I decide to do this.

I understand that this will involve me offering support and seeing on a regular basis, a looked after young woman, who will be allocated to me by the research team.

I understand that I shall also be asked to fill out some questionnaires and be interviewed at the beginning and the end of the peer mentoring. I understand that I shall receive a £10.00 voucher plus my travel expenses on each occasion.

I understand that a sample of mentors will be asked extra questions about the peer mentoring experience at the end of the peer mentoring.

I understand that if I am chosen for this, I shall receive an additional £5 voucher.

I understand that I shall receive £40.00 in vouchers each month, for a year, in recognition of my time.

I understand that I will receive an additional £40.00/month, to pay for the social/leisure activities that my mentee and I will be engaging in.

I understand that I shall be provided with a mobile phone for the duration of the intervention, which I will use to communicate with and record my contacts with my mentee.

I understand that whatever I say during interviews is confidential unless I say something that makes the researchers worry about my safety or the safety of another young person.

In such a case I understand the researchers may have to let someone else know what I have said.

I understand that my individual interviews may be tape recorded.

I understand that any personal details about me will be stored confidentially for six months after the project ends, and then destroyed.

I understand that I can decide not to take part in this project, or withdraw at any time.

I would like to be part of this study

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Taking Consent