

CaFI Consent-to-Contact Form

Please complete the below information, providing as much detail as possible, for any service users who have expressed an interest in taking part in the CaFI trial. This will enable our study team to follow up with the service user/ family and find out if they wish to take part.

1. *Does the service user meet the eligibility criteria?**

CRITERIA:	YES	NO	UNSURE
Sub-Saharan African and Caribbean descent, including those who self-identify as 'Black British', 'Black Caribbean', 'Black African', 'African-Caribbean' or 'Mixed' African/Caribbean			
At least one parent/ grandparent born in a Sub-Saharan African/ Caribbean country			
Diagnosis of schizophrenia or related psychoses			
Receiving treatment via psychiatric inpatient services (acute or rehabilitation), forensic or within community services within participating NHS Trusts			
14 years or older			
Capacity to provide informed consent			
Sufficient understanding of the English language to provide informed consent and complete outcome measures			
No significant cognitive impairment implicated in aetiology (e.g. organic disorder)			
Does not present a high short-term risk to themselves or others			
Does not have substance use as a primary diagnosis			
Does not currently receive any form of family intervention			

If the answer to any of the above criteria is no, the service user does not meet the eligibility criteria to participate. If the service user meets the inclusion criteria or you are unsure about this, please continue completing the form. A formal check of eligibility will be done by the researcher.

2. *Please list the participating organisation where the service user is currently receiving their usual treatment:**

3. *What is the service user's full name?**

4. Service user's address (if available):

5. Service user's telephone (if available):

If not available, can provide details of a family member who has agreed to be contacted.

6. Service user's e-mail address (if available):

If not available, can provide details of a family member who has agreed to be contacted.

7. ***Service user's preferred method of contact:

8. Does the service user have a family member who is interested in participating in CaFI with them?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
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9. If yes, what is the service user's relationship to this family member?

10. If no, would the service user be interested in taking part with a Family Support Member (FSM)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
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11. ***Does the service user agree for their details to be shared with the CaFI research team?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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12. ***Does the service user agree to be contacted by the CaFI research team?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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13. Where possible, please ask the service user to sign below to indicate that they agree to be contacted by the CaFI research team:

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This form and its content should be processed in line with the Data Protection Act 2018. It is expected that the completed form is kept in a secure location and e-mailed to the CaFI study team at cafi@gmmh.nhs.uk

The Research Assistant will send you an e-mail which includes a password. This document should be encrypted, using the password received.