

## Appendix 3.5 Consent form

### LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Study protocol for the assessment of the implementation determinants and their influence on outcomes of a programme for common mental disorders in primary health care clinics in Chiapas, Mexico

*Instructions: After the participant is certain he/she understands the information sheet and had had all relevant questions answered, he/she will then sign the form below under "Participant Consent/Assent". The participant may keep the information sheet for his/her records.*

#### PARTICIPANT CONSENT/ASSENT

[Name of researcher]:.....

Has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. I understand my decision to participate will not alter my usual medical care/role in the organisation. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the study in which I am voluntarily agreeing to participate. I have been given a copy of the information sheet.

AGREE:\_\_\_\_\_ DISAGREE:\_\_\_\_\_ Date:.....

Name of participant:.....

Signature of participant:.....

#### RESEARCHER SIGNATURE

Informed consent has been fully secured from the participant, who has agreed the information collected may be used for study purposes.

AGREE:\_\_\_\_\_ DISAGREE:\_\_\_\_\_ Date:.....

Signature of researcher:.....