# The Workwell trial: protocol for the process evaluation of a randomised controlled trial of job retention vocational rehabilitation for employed people with inflammatory arthritis

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**Additional File 3: Workwell Intervention: Process evaluation protocol. Hammond et al, 2022.**

[Hospital/site heading]

**Patient Screening Number:**

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**WORKWELL CONSENT FORM**

**Title of project: WORKWELL: Testing work advice for people with arthritis**

**Name of researcher: Prof Alison Hammond** **Please INITIAL all boxes (i.e. do NOT tick)**

1. I confirm that I have read and understand the information sheet dated 9.9.19 **(Version 3**) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ☐
3. If I do later choose to withdraw from the study, I agree that any data collected up to that point can be kept and used in the study, unless I inform the researchers otherwise. ☐
4. I agree to participate and understand that I will receive a work self-help information pack and I may also be allocated to attend the WORKWELL programme at my Rheumatology/ Therapy department. ☐
5. **Optional:** If I see a therapist as part of the research: I agree to allow one appointment to be audiorecorded by the therapist. I understand that: this will be securely sent to the research team; the therapist will delete their copy; the recording is deleted once transcribed; and anonymised quotes may be given verbatim in reports. ☐

6. **Optional:** if I see a therapist as part of the research: I agree to take part in the face-to-face interview about the work advice I receive. I understand that the interview will be audio-recorded, recordings will be deleted once transcribed and anonymised quotes may be given verbatim in reports. ☐

7. I understand that relevant sections of my medical /therapy notes may be looked at by members of the research team, regulatory authorities or from the NHS Trust, where it is relevant for my taking part in this research. I give permission for these individuals to access my records. ☐

8. I understand that my personal details will be kept confidential and will not be revealed to people outside the research team ☐

9. I agree to my Rheumatology Consultant being informed of my participation in this study. ☐

10. I understand a copy of this form and my contact details will be forwarded by the Research Facilitator/ therapy team at my hospital to the research team at the University of Salford and to the Lancashire Clinical Trials Unit. ☐

11. I understand that my fully anonymised data will be used in research presentations, reports and articles. ☐

12. I agree to take part in the above study. ☐

13. I agree to being contacted in future to **ask about** taking part in a longer-term follow-up for this study and other associated studies. I understand that I can change my mind about this at a later date. ☐

Name of patient:_____Date:_____**Signature:**_____

Name of person
taking consent:_____ Date:_____ **Signature**:_____

When completed copy x3: 1 for patient; 1 for medical notes; 1 for WORKWELL Trial Manager (UoS); and file original in WORKWELL site file.