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

Hammond, A, Radford, Kate, Ching, A, Prior, Yeliz, O'Brien, Rachel, Woodbridge, Sarah, Culley, June, Parker, Jennifer and Holland, Paula

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<b>Title</b>	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.