Ethics number: 16/LO/1899
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IRAS project ID 207772

Southern Health NHS
NHS Foundation Trust

Participant consent form

Participant identification number: …….

Study title: Evaluation of a culture free, CBT based, third wave therapy manual

Authors: Peter Phiri, Isabel Clarke, Shanaya Rathod, Mirrat Gul, Farooq Naeem.

Please read carefully and initial each box below if you consent:

1. I confirm that I have read the information sheet for this study. I can confirm that I have had the opportunity to consider the information, ask questions, and these have been answered satisfactorily by the research team. ☐
2. I understand that taking part in this study is completely voluntary and that I am free to withdraw at any point without giving a reason. I understand that this will not impact the care I receive in any way. ☐
3. I understand that my GP and clinical team will be informed of my participation in the trial. ☐
4. I agree to this consent form and other data collected as part of the study to be kept by researchers in Southern Health NHS Foundation Trust. I understand that my participation is confidential and that no materials which could identify me will be used in any reports of this study. ☐
5. I understand that the results of this study may be published and presented at conferences. I give permission for my de-identified data to be disseminated in this way. ☐
6. I also give consent for sessions with a CBT therapist to be audio recorded for the purpose of ensuring the researchers all keep to the same research format. These audio recordings may also be used for research purposes, by members of the research team, aimed at further understanding the process of CBT. *Declining to do so at any time will not affect my participation in the study in any way.* ☐
7. I understand that if I lose the capacity to provide informed consent during my involvement with the study, then my involvement will end at that point. I understand that the data collected before this point will still be used. ☐
8. I agree to take part in this study. ☐

Name of participant:	**Date:**	**Signature:**
……	…/…./…..	……

Name of person taking consent:	**Date:**	**Signature:**
……	…/…./…..	……..

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***Note**: One copy to be given to the participant, one copy to be retained in the study file, and one for the hospital record.*