



Participant Identification Number: \_\_\_\_\_

IRAS: 238377

Version 2.0

05/05/2018

## CONSENT FORM

Study Title: Can imagination change upsetting memories of trauma?

- |  |                                     |
|--|-------------------------------------|
|  | <b>Please<br/>initial<br/>boxes</b> |
| 1. I confirm that I have read and understand the information sheet dated 05/05/2018 (version 2.0) for the above study and have had the opportunity to ask questions and had them answered in a way I understand.   | <input type="checkbox"/>            |
| 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.  | <input type="checkbox"/>            |
| 3. I am willing for researchers to inform my clinical team that I am taking part in the project and provide information relevant to my care while I am taking part. I understand that this information will be added into my electronic notes.   | <input type="checkbox"/>            |
| 4. I allow the project team to access my clinical notes for information relevant to the project. This access will remain for the full time I am participating in the project. However, if I tell the team I do not want them to access my clinical information anymore, then they will stop. | <input type="checkbox"/>            |
| 5. I understand that information relating to me taking part in this project will be anonymized (i.e. it will not contain my name) and stored on electronic database for up to 7 years.   | <input type="checkbox"/>            |
| 6. I know what to do if I have any concerns or want to make a complaint about any individual (e.g. the research therapist) or the project  | <input type="checkbox"/>            |
| 7. In order to check the quality of the project, I am willing for the meetings I have as part of the project to be audio recorded [this is optional]   | <input type="checkbox"/>            |
| 8. I give consent for quotations to be taken from the audio recordings for use in future teaching materials and publications. I understand that these quotations will be anonymous [this is optional].   | <input type="checkbox"/>            |
| 9. I understand that if I am no longer able to provide informed consent during my involvement with the project, then my involvement will end at that point. I understand that the data collected before this point will still be used.   | <input type="checkbox"/>            |
| 10. I agree to take part in the above project.   | <input type="checkbox"/>            |

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person taking consent  
(if different from researcher)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date