Participant Consent Form

Study title: *Emotion-focused therapy as a transdiagnostic treatment for depression, anxiety and related disorders: A proof of concept study.*

I have read and understood the **Information Leaflet** about this research project.	**Yes** ☐	**No** ☐
The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	**Yes** ☐	**No** ☐
I understand that I don't have to take part in this study; that I can opt out after beginning therapy; or that if I am in the waitlist condition, I can opt out and begin therapy elsewhere.	**Yes** ☐	**No** ☐
I am aware of the potential risks of this research study. The positive effects of the therapy may not be achieved, the research procedure may be time consuming, the therapy or research procedure may stir difficult emotions.	**Yes** ☐	**No** ☐
I have been assured that information about me will be kept private and confidential/ anonymous. Limits of confidentiality (for instance where there is a risk to my health/life, where I may pose a risk to another, where there may be a risk to a child, or where data is requested by court) have been explained to me.	**Yes** ☐	**No** ☐
I have been given a copy of the Information Leaflet and Consent form.	**Yes** ☐	**No** ☐
I give my permission for the assessment and follow-up interviews to be audio-recorded.	**Yes** ☐	**No** ☐
I give my permission for therapy sessions to be video and/or audio recorded.	**Yes** ☐	**No** ☐
I give consent for the research team to inform my GP of my involvement in the study, and to contact my GP if there are concerns for my well-being.	**Yes** ☐	**No** ☐
I give consent for the research team to inform _____ (other relevant medical professional) of my involvement in the study.	**Yes** ☐	**No** ☐
Storage and future use of information: I give my permission for the information collected about me to be stored and electronically processed for the purpose of this research. I understand that this research will consist of outcome, process, process-outcome, qualitative, and case study research, and will continue for a number of years after the main study ends; and that the research team will consist of the researchers named in the information sheet but also post-doctoral researchers, doctoral and masters level psychologists-in-training and research assistants.	**Yes** ☐	**No** ☐
I understand that I can withdraw consent for my information to be used in this study up to the point at which data has been anonymised and pooled for analysis (approximately 6 months after therapy ends). After this I can request that my data be removed from any further studies where analysis has not yet been completed	**Yes** ☐	**No** ☐
I understand that in accordance with the General Data Protection Regulation (GDPR), information about me will not be kept for longer than is necessary for the purpose for which that information was collected; and that approximately 12 months after the publication of relevant reports, data will be destroyed in accordance with standard Trinity College Dublin procedures. I also understand that under the Freedom of Information Act (2014), I can have access to any information stored about me, if requested.	**Yes** ☐	**No** ☐

I consent to further assessment of my eligibility for the study

Participant Name (Block Capitals)	Participant Signature	Date

I consent to participation in this study

Participant Name (Block Capitals)	Participant Signature	Date

To be completed by the Researcher:

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Name (Block Capitals)	Qualifications	Signature	Date