**CONSENT FORM**

**Study title**: Effectiveness and Acceptability of Formulation and Brief-ACT intervention for Functional Neurological Disorders

**Researcher name**: Irma Konovalova, Trainee Clinical Psychologist

**ERGO number**: 70341

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet (17*.10.2022 /version 3 of participant information sheet*) and have had the opportunity to ask questions about the study. |  |
| I understand my participation is voluntary and that I may withdraw at any time for any reason without my medical care or participation rights being affected.  |  |
| I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University of Southampton, from regulatory authorities, from the research sponsor or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. |  |
| I agree to my General Practitioner being informed of my participation in the study. |  |
| I understand that I will notbe directly identified in any reports of the research. |  |
| I understand that my personal information collected about me such as my name will not be shared beyond the study team. |  |
| I understand that taking part in the study may involve an audio recording of a session for monitoring purposes, which will be destroyed immediately after it has been listened to by the supervisor.  |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |

Name of participant (print name)……………………………………………………………………………

Signature of participant……………………………………………………………………………………….

Date……………………………………………………………………………………….. ………………….

Name of researcher (print name)……………………………………………………………………………

Signature of researcher ……………………………………………………………………………………….

Date………………………………………………………………………………………………………………..

One copy of this document is for you to keep, one copy will be kept by the investigator and one copy will be uploaded on medical records.