**CONSENT FORM**

**Study title**: Relationships and unusual experiences in psychosis

**Researcher name**: Jacqui Tiller, Trainee Clinical Psychologist

**Chief Investigator:** Dr Katherine Newman-Taylor, Consultant Clinical Psychologist

**Participant Identification Number*:***

***Please initial the boxes if you agree with the statements:***

|  |  |
| --- | --- |
| I have read and understood the information sheet (21*/11/2022 version 7*) and have had the opportunity to ask questions about the study. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |
| I understand my participation is voluntary and I may withdraw at any time for any reason prior to data analyses (2 weeks following questionnaire completion) without my medical care or participation rights being affected. |  |
| I understand that should I withdraw from the study then the information collected about me up to this point may still be used for the purposes of achieving the objectives of the study only. |  |
| I give consent for the data I provide to be anonymised and included in any future publications resulting from this study. |  |
| I give my permission for my contact details to be retained **only** for the purposes of receiving the findings of this study. I would/would not like to receive the findings of this study. |  |

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

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

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

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

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

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

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