**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 (and delete where appropriate):***

|  |  |
| --- | --- |
| I have read and understood the information sheet (*11/11/2022 version 6*) 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 agree for the research team to store my contact details so I can be contacted for the purposes of study follow-ups **only**. |  |
| I confirm that I am happy for a clinician involved in my care to complete the Service Engagement Scale. |  |
| I understand my participation is voluntary and I may withdraw at any time for any reason prior to data anonymisation (2 weeks following completion of the questionnaire) 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 and I would/would not like to receive the findings from this study. |  |

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

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

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

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

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

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