Evaluating Brief Behavioural Activation for depression in adolescents with acquired brain injury: A single-case design protocol

**INTERVENTION CONSENT FORM FOR YOUNG PEOPLE (aged 16-18)**

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**Research Supervisor:** Professor Anna Adlam, University of Exeter, UK

1. I have read the information sheet made on ….. (version 2) and know what will happen in the study.
2. I have had the chance to ask questions about the treatment and the questions I have asked have been answered properly.
3. I understand that I am choosing to do the treatment for myself and I can stop the study whenever I want to without worrying about being treated unfairly.
4. I understand that the information I give to the researcher will be kept safe and will not be shared with anyone other than researchers in the study team.
5. I understand that identifying information will be deleted within a month of completing the follow-up session.
6. I understand that once the identifying information is deleted, I cannot withdraw my data from the study.
7. I agree to the research team keeping my contact details so I can be told about the results of the study.
8. I agree to receive the intervention.

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| **I agree to points 1-8 above.\*** |  |
| **I agree that my contact information can be used by researchers from the University of Exeter to contact me about future research projects.** |  |
| **Participant first name\*** |  |
| **Participant surname\*** |  |
| **Date form completed** |  |