

CONSENT FORM

Title of Project: **Development and Feasibility of Augmented Depression Therapy for Complex Depression (ADepT+)**

Please initial box

1. I confirm that I have read the information sheet dated 19-06-25 (version 2.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time or to decline to answer any question without giving any reason, without my medical care or legal rights being affected. I understand the data I have provided will be retained in the study. ☐
3. I understand that some of the information I provide to the research team at the start of the study will be shared with my therapists so that they can take this into account when we start working together. In addition, recordings of therapy sessions and my scores on some of the questionnaires I complete will be shared with the research team and form part of the research data I provide. ☐
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from regulatory authorities 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. ☐
5. I understand that the information collected about me will be used to support other ethically approved research in the future, and may be shared anonymously with other researchers. ☐
6. I agree to my care team / General Practitioner being informed of my participation in the study and agree to the exchange of any necessary information about me between my care team / GP and the research team and clinical service in which the therapy is delivered. ☐
7. I understand that relevant sections of my medical notes may be looked at by individuals from the research team and clinical service in which the therapy is delivered, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
8. I am aware that if I take part in the feedback interview, the interview will be audio-recorded so that it can be typed up afterwards to allow analysis. ☐
9. I understand that anonymised quotes from my feedback may be included in reports and presentations of the study findings. Care will be taken to ensure I cannot be identified from these. ☐
10. I agree to take part in the above study. ☐

In addition you may indicate your preference below with respect to these further items by circling YES or NO and writing your initials in the box:

		Please circle	Please initial box
10.	I agree to audio-recordings being made of my initial research interview for data quality purposes. I understand that I can change my mind about this in either direction at any point.	YES NO	<input type="checkbox"/>
11.	If I receive the therapy, I agree to my therapy sessions being audio-recorded. I understand that I can change my mind about this in either direction at any point.	YES NO	<input type="checkbox"/>
12.	I agree to my audio-recordings being used for research purposes in future projects in which members of the research team are involved. I understand that any additional researchers accessing my recordings will be carefully vetted and will be bound by the same duty of confidentiality as applies to this study. I understand that I can change my mind about the use of my recordings at any point.	YES NO	<input type="checkbox"/>
13.	I agree to my audio-recordings being used for teaching and training of clinicians by members of the research team. I understand that reasonable steps will be taken to prevent me from being identified by those listening. I understand that I can change my mind about the use of my recordings at any point.	YES NO	<input type="checkbox"/>
14.	Should I choose not to continue with the study I am willing to be sent a brief survey about my views on the study. I understand that I am under no obligation to complete this, and can change my mind about this item at any point.	YES NO	<input type="checkbox"/>
15.	I would like to be sent a summary of the findings of the study, and agree to my contact details being stored for this purpose.	YES NO	<input type="checkbox"/>

Name of Participant

Date

Signature

Name of Person
taking consent

Date

Signature

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes according to local NHS Trust procedures