

CONSENT FORM

Title:

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An exploration of the experience of countertransference for therapists working with addiction

ase put an X beside the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

(Yes (No

*I understand that my participation in this study is entirely **voluntary** and that I may withdraw at any time prior to the submission date, without giving reason.*

(Yes (No

*I understand that my identity will remain confidential at all times. **(Yes (No***

*I am aware that audio recordings will be made of sessions **(Yes (No***

I have been given a copy of the Information Leaflet and this Consent form for my records.

(Yes (No

Participant _____
Name Date

To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved and have invited him/her to ask questions on any aspect of the study that concerned them. In line with GDPR regulations, data will be retained for no longer than is necessary. All records where you can be identified (e.g. recordings, etc) will be destroyed after all phases of data collection are complete and the data have been fully anonymised. At this point, your data can no longer be withdrawn from the study as it is no longer identifiable.

Signature

Name in Block Capitals

Date