

Informed consent form for a study of the client's experience of therapy

Study: XXXX Participant number: YYYY

CONSENT FORM – Client

Title of project: A study of clients' views of the effects of counselling

Name of researcher: XXXX

1. I confirm that I have read the information sheet dated XXXX for the above study. I have had the opportunity to consider the information and ask questions, and have had my questions answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my counselling, ongoing GP care or legal rights being affected.	
3. I understand that any data collected during this study may be looked at by responsible individuals from NHS Tayside, to check that the study is being conducted correctly. I give permission for these individuals to have access to my records.	
4. I agree to my GP being informed of my participation in the study.	
5. I agree to the audio recording of my counselling sessions, on the basis that I can switch off the recorder at any time, without giving any reason, and that I will be asked again at the end of counselling if I am willing for these recordings to be used for research purposes.	
6. I understand that material arising from my own case may be provided in a fully anonymous way to an international archive for future use, and that I will be asked again at the end of counselling if I am willing for this to take place.	
6. I agree to take part in the above study.	

_____	_____	_____
Name of research participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature
_____	_____	_____
Name of researcher	Date	Signature