

## Cover page

Official title: Study protocol for a Randomised Controlled trial of Dance-movement Therapy for Adolescents with Depression

Date of the document: 6. December 2025

Registration details: This study is registered at Clinical Trials, identifier HUS391/2021  
NCT ID not yet assigned

## CONSENT FOR PARTICIPATION IN RESEARCH

Dance-movement therapy for adolescent depression  
HUS Psychiatry, adolescent outpatient unit

I \_\_\_\_\_ have been requested to participate aforementioned scientific research to gather information on the benefits of dance-movement therapy in the treatment of depression.

I have read and understood the research information handout and I give my consent for participation according to the provided guidelines. I have received sufficient information about the research including the collection, processing and handling out data. The information of patient record will be collected, such as visits to doctor and nurse, information of diagnostic interviews, measurements about well-being, diagnoses, medical treatments, living condition and level of education.

The contents of the information handout have been communicated to me orally and I have received answers for all of my questions. Information was received from the personnel of the adolescent outpatient unit. I have had adequate time to consider my participation. I have received sufficient information regarding the purpose and practice of the research, including the benefits, risks and rights. I have not experienced any pressure or persuasion to participate.

I know that the data will be processed confidentially and will not be disclosed to outsiders.

I understand that participating the research is voluntary. I acknowledge that I have a right to refuse participation. I can discontinue participation and withdraw my consent at any time without providing a reason, and this will not affect my treatment in any way.

I acknowledge that if I discontinue the research or withdraw my consent, the information obtained up to that point may still be utilized as a part of the research.

I understand that expenses incurred form participating in the study will not be reimbursed.

Caretaker is informed about the research by mail. Date: \_\_\_\_\_

**I confirm participation to this research and provide voluntary consent by signature.**

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Signature of the examinee

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Date

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Print name of the examinee

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Date of birth of the examinee

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Address of the examinee

**Consent received**

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Researcher / nurse signature

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Date

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Print name

The original signed document will be retained in the research files and a copy of the signed document will be provided to the examinee.