



An Open Trial of Group Metacognitive Therapy for Anxiety and Depression in Cancer Survivors

PARTICIPANT CONSENT FORM

Participant Number: _____

REC ref: _____

Please Initial Box

CONSENT FOR PARTICIPATION IN STUDY	
I confirm that I have read and understand the information sheet dated 05/09/2017 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected.	
I understand that relevant sections of my medical notes and data collected during the study may be looked at by regulatory bodies and/or individuals from the University of Liverpool or from the Royal Liverpool and Broadgreen 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. I understand that my personal details will be kept confidential, and that data will only be available through restricted, shared areas on the secure University of Liverpool computer systems (password and username secured).	
In the event that I withdraw from the study, I give permission for the information obtained up to the point of withdrawal to be kept and analysed.	
I agree to take part in the above-named study.	

ADDITIONAL CONSENTS	
I would like to be informed of the results. <i>Declining to do so will not affect my participation in the study in any way.</i>	
I agree for the sessions to be audio recorded	
I agree that my GP can be informed that I am participating in the above named study	

SIGNATURES

Name of Participant

Date

Signature

Researcher

Date

Signature

Name of person taking consent
(If different from researcher)

Date

Signature