

# Informed Consent Form (Parent/Guardian)

**in relation to the research project: “Developing Innovative PTSD Treatment for Children: Reconsolidation of Traumatic Memories Protocol™ for Children (RTM-C Protocol)”**

I, \_\_\_\_\_, have read and understood the Parent Memo regarding the above-mentioned research project conducted by the research team from the Global Institute for Mental Health Innovations, Networking and Development (GlobalInMind), in partnership with Charitable Foundation Voices of Children (Ukraine) and Quresta, Inc. (USA).

I have been informed both orally and in writing about the nature, purpose, duration, procedures, potential risks, and benefits of participating in the project, and I have had the opportunity to ask questions. I understand that participation is voluntary, and I may withdraw my consent at any time without giving reasons. If withdrawn, my child will be offered another method and referred if needed.

**I have been informed that:**

- My personal data and my child’s data will be processed in accordance with the Law of Ukraine on the Protection of Personal Data.
- All data will be anonymized by an RTM specialist.
- No identifying data will be shared. I may access, correct, or delete data.

**Please indicate your consent below:**

Statement	Yes	No
I consent to participate in this research study, including completing questionnaires.	<input type="checkbox"/>	<input type="checkbox"/>
I agree my child to participate (incl. RTM-C Protocol sessions, questionnaires).	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my anonymised data can be used for scientific publications.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the data I provide being archived and used in anonymized form for other	<input type="checkbox"/>	<input type="checkbox"/>
<b>I voluntarily agree (for me and my child) to take part in the Lux4UA Project.</b>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/guardian name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date, place: \_\_\_\_\_

Signature: \_\_\_\_\_

RTM Specialist statement:

I explained the purpose, procedures, risks, and benefits, and answered questions.

Name: \_\_\_\_\_ Date, place: \_\_\_\_\_ Signature: \_\_\_\_\_

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GlobalinMind: <https://www.globalinmind.eu>  
Voices of Children: <https://voices.org.ua>  
Post Traumatic Training Institute: <https://thertmprotocol.com>