



Version 2  
22/04/2025  
IRAS 354369

## Cover Page

**Official Title:** Participant Information Sheet for Assessing the Acceptability and Feasibility  
of TRUST, a Brief Intervention for Paranoia in Adolescents.

**NCT number:** To be assigned

**Document Date:** 22/04/2025

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**Study Title:** Assessing the acceptability and feasibility of a brief intervention for paranoia in adolescents.

### Consent Form

If you are happy to participate please complete and initial each box to confirm your agreement.

	Activities	Initials
1	I confirm that I have read the attached information sheet (Date XX/XX/XX) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that taking part is voluntary. I can withdraw at any time without giving a reason, and this will not affect my current or future care. However, I understand that once my data has been anonymised, it cannot be removed. I agree to take part on this basis.	
3	I agree that my anonymised data (including anonymous quotes) may be used in academic publications and conference presentations.	
4	I understand that the researchers will inform my GP that I am partaking in the research and will provide them with an update at the end of the study.	
5	I agree that the researchers can contact me with final questionnaires to complete if I decide to leave the research study early.	
6	I understand that if I lose mental capacity during the study, my participation will end, but any data collected before that point will still be used in the research.	
7	I understand that all data will be kept confidential, and that no personal identifying information will be disclosed in any reports on the project, or to any other party.	
8	I understand that confidentiality may need to be broken if there are serious concerns about my safety or the safety of others, as explained in the participant information sheet.	
9	I understand that some relevant medical information may be accessed/shared with the research team for the purpose of supporting the therapy.	
10	I agree to take part in this study.	

**The following activities are optional, you may participate in the research without agreeing to the following:**



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10	I agree that any anonymised data collected may be made available to other researchers in a public data repository.	
11	I agree that the researchers may contact me in future about other research projects.	
12	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	
13	I agree to the sessions being audio / video recorded, if necessary, for ensuring the quality of the therapy provided and that it adheres to the standard protocol appropriately.	

**Would you like to receive a summary of the study findings at the end?**

☐ Yes

☐ No

#### **Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](#).**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the person taking consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The original consent form will be kept by the research team securely. A copy will be provided to the participant and a further copy will be entered into clinical notes.