

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

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.