

INFORMED CONSENT FORM

in relation to the research project: “Fostering Ukraine’s capacity in delivery and research of innovative evidence-based PTSD treatment (Lux4UA)”

I, _____, have read and understood the information sheet regarding the above-mentioned research project (Lux4UA Project) conducted by the research team from the University of Luxembourg (UNILU), the Centre of Mental Health and Rehabilitation “Forest Glade” of the Ministry of Health of Ukraine (RCFG), the National Psychological Association of Ukraine (NPAU). I have been informed orally and in writing about the nature, purpose, duration, procedures, potential risks, and benefits of participating in the Lux4UA Project, and I have had the opportunity to ask questions.

I understand that the Lux4UA Project aims to evaluate the **effectiveness and feasibility of the Reconsolidation of Traumatic Memories (RTM) Protocol** for PTSD treatment in Ukraine. My participation involves receiving either the RTM Protocol or another recognised trauma-focused therapy (treatment-as-usual) and completing questionnaires before, after, and at follow-up stages (6 and 12 months after treatment) as part of this study. The collected data will include age, gender, trauma type, diagnosis and symptoms, therapy experience.

I have been informed that:

- Participation is voluntary, and I can withdraw my consent at any time without giving a reason and without any consequences for my care, which will be replaced with evidence-based alternatives.
- My personal data will be processed according to the **EU General Data Protection Regulation (GDPR)** and the **Law of Ukraine on the Protection of Personal Data**.
- All my personal information will be anonymised for research purposes.
- No identifiable data will be shared beyond the project’s authorised team members.
- I have the right to **withdraw from the study at any time**, without giving a reason and without any negative consequences.
- I may request the deletion of my data or object to its further processing by contacting the research team.

Please indicate your consent below:

Statement	Yes	No
I consent to participate in this research study, including receiving PTSD treatment and completing questionnaires.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my anonymised data can be used for scientific publications and policy recommendations.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to complete satisfaction surveys at the end of the treatment.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to participate in a follow-up contact at 6 and 12 months after the treatment.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the data I provide being archived and used in anonymised form for other research in the mental health area beyond the Lux4UA Project.	<input type="checkbox"/>	<input type="checkbox"/>
I voluntarily agree to take part in the Lux4UA Project.	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPANT

Last name:

First name:

Email-address

Phone number

Place & date:

Signature:

RESEARCH COORDINATOR

I have explained the purpose, procedures, risks, and benefits of Lux4UA Project to the participant named above and answered all their questions.

Last name:

First name:

Place & date:

Signature:

D-related contacts:

NPA Data Protection Officer (email: dpo@npa-ua.org; address: 12 Kozhumiatska Street, 04071, Kyiv, Ukraine (Nadia Diatel)

RCFG Protection Officer (email: dataprotection.forestglade@mailbox.org; address: 25, Line 7, Puscha-Vodytsia, 04114, Kyiv, Ukraine (Marta Vulchyn)