Participant Initials: _____

CONSENT FORM

Title of Project: Research clinic. Evaluation of Metanoia Counselling and Psychotherapy Service

Please initial box

1. I confirm that I have read and understand the information sheet dated .....……..…for the above study and have had the opportunity to ask questions. [1]

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without penalty. [2]

3. I agree that this form that bears my name and signature may be seen by a designated auditor. [3]

4. I agree that my non-identifiable research data may be stored and be used anonymously by others for future research. I am assured that the confidentiality of my data will be upheld through the removal of any personal identifiers. [4]

5. I agree that this research may be used for publication in professional journals. [5]

6. I agree to take part in the above study. [6]

Name of participant	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

1 copy for participant; 1 copy for researcher;