



Draft: 15/9/2023

Consent Form for Clients (10/2023, v3.1)

Name of department: **Strathclyde Counselling & Psychotherapy Research Clinic**

Title of the study: **Practice-Based Study Phase 3**

1. I confirm that I have read and understood the Participant Information Sheet (Client) for the above study and the researcher has answered any queries to my satisfaction.
2. I confirm that I have read and understood the Privacy Notice for Participants in Research Projects and understand how my personal information will be used and what will happen to it (i.e. how it will be stored and for how long).
3. I confirm that I am aged 16 or over and that I am aware of what my participation involves, and any potential risks associated with taking part.
4. I understand that to take part in the study, I must take part in both research and counselling aspects.
5. I understand that the research clinic has a written service policy outlining limits to the provision of the counselling and that this is updated from time to time.
6. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, up to the point of completion, without having to give a reason and without any consequences. I understand that my withdrawal from the study means withdrawal from both the research and the counselling aspects.
7. I understand that I can request the withdrawal from the study of some personal information and that whenever possible researchers will comply with my request.
8. I understand that anonymised data (i.e. data that do not identify me personally) cannot be withdrawn once they have been included in the database.
9. I understand that my counsellor may take recordings of our sessions for supervision or may transcribe them for use in course assignments, for the purpose of improving their practice as a counsellor, and to meet course requirements.
10. I understand that any information recorded in the study will remain confidential and no information that identifies me will be made publicly available.
11. I consent to being audio recorded as part of the study.
12. I consent to being a participant in the study.

(PRINT NAME)	
Signature of Participant:	Date: