

	 <p>FLINDERS UNIVERSITY ADELAIDE • AUSTRALIA</p>	<p>Reg Nixon, Ph.D. College of Education, Psychology and Social Work GPO Box 2100 Adelaide 5001 South Australia Telephone: (+61 8) 8201 2748 Fax: (+61 8) 8201 3877 Email: reg.nixon@flinders.edu.au http://www.ssn.flinders.edu.au/psyc/</p>
<p>College of Education, Psychology and Social Work</p>		

**SOUTHERN ADELAIDE HEALTH SERVICE / FLINDERS UNIVERSITY
CONSENT TO PARTICIPATION IN RESEARCH**

I, request and give consent
(first or given names) (last name)

to my involvement in the research project: **Improving the effectiveness of Cognitive Processing Therapy for Posttraumatic Stress Disorder**

I acknowledge the nature, purpose and contemplated effects of the research project, especially as far as they affect me, have been fully explained to my satisfaction by and my consent is given voluntarily.

I acknowledge that the detail(s) of the following has/have been explained to me, including indications of risks; any discomfort involved; anticipation of length of time; and the frequency with which they will be performed:

1. Interviews before treatment, after treatment and at 3-month follow up (each will take approximately 1.5hrs)
2. Completing of questionnaires before and after treatment (each will take approximately 1hr)
3. Attending up to 25 weekly therapy sessions (60 minutes each)
4. Video taping of the therapy sessions and interviews

I have understood and am satisfied with the explanations that I have been given.

I have been provided with a written information sheet.

I understand that my involvement in this research project may not be of any direct benefit to me and that I may withdraw my consent at any stage without affecting my rights or the responsibilities of the researchers in any respect.

I declare that I am over the age of 18 years.

I acknowledge that I have been informed that should I receive an injury as a result of taking part in this study, I may need to start legal action to determine whether I should be paid.

Signature of Research Participant: Date:

I, have described to
the research project and nature and effects of procedure(s) involved. In my opinion he/she understands
the explanation and has freely given his/her consent.

Signature: Date:

Status in Project:
