Appendix A: PARTICIPANT’S CONSENT (STUDY A)

**TITLE OF PROJECT: Clinical Application of Text Messaging for Anxiety and Depression**

**APPLICATION NUMBER: (XXX)**

**(NAME OF) PRINCIPAL INVESTIGATOR (or SUPERVISOR): Professor Joseph Ciarrochi**

**(NAME OF) STUDENT RESEARCHER: Ms Courtney Baker**

I *................................................... (the participant)* haveread (*or, where appropriate, have had read to me)* and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this 8-week text messaging intervention where I will be required to provide feedback on the intervention*,* realising that I can withdraw my consent at any time. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix B: PARTICIPANT’S CONSENT (STUDY B)

**TITLE OF PROJECT: Clinical Application of Text Messaging for Anxiety and Depression**

**APPLICATION NUMBER: (XXX)**

**(NAME OF) PRINCIPAL INVESTIGATOR (or SUPERVISOR): Professor Joseph Ciarrochi**

**(NAME OF) STUDENT RESEARCHER: Ms Courtney Baker**

I *................................................... (the participant)* haveread (*or, where appropriate, have had read to me)* and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this 8-week text messaging intervention where I will be required to complete a brief weekly questionnaire*,* realising that I can withdraw my consent at any time. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix C: CLINICIAN’S CONSENT FORM

**TITLE OF PROJECT: Clinical Application of Text Messaging for Anxiety and Depression**

**APPLICATION NUMBER: (XXX)**

**(NAME OF) PRINCIPAL INVESTIGATOR (or SUPERVISOR): Professor Joseph Ciarrochi**

**(NAME OF) STUDENT RESEARCHER: Ms Courtney Baker**

I *................................................... (the clinician)* haveread (*or, where appropriate, have had read to me)* and understood the information provided in the Letter to Clinicians. Any questions I have asked have been answered to my satisfaction. I agree to participate in this study where I will be required to invite clients to participate in a text messaging intervention. I also agree to releasing deidentified client data to the research team. I understand that I can withdraw my participation at any time. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me or my clients in any way.

NAME OF CLINICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_