













Solution Focused Brief **Therapy** for people with **aphasia**

Please **tick** each box if you agree

	<p>Sarah has explained about the project</p> <p>I have read the information about the research</p> <p>I have had the chance to ask questions about the research</p>	<input type="checkbox"/>
	<p>I understand that taking part means:</p> <ul style="list-style-type: none"> • therapy (up to 6 sessions) • completing questionnaires • discussion 	<input type="checkbox"/>
	<p>I consent to:</p> <ul style="list-style-type: none"> • researchers accessing my medical notes 	<input type="checkbox"/>
	<p>I understand that information about me will be kept safe</p>	<input type="checkbox"/>

	<p>I consent to:</p> <p>sessions to be audiotaped for analysis and supervision</p>	<input type="checkbox"/>
	<p>photographs to be taken as part of the therapy</p>	<input type="checkbox"/>
	<p>some visits to be videotaped</p> <ul style="list-style-type: none"> • for research (only looked at by research team) • for supervision (only looked at by research team and clinical supervisor) • for teaching and training (looked at by others, e.g. Speech and Language Therapy students) • for presentations (e.g. at conferences). I understand researchers will check first before using video in presentations 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<p>I understand that the researchers may share my information and results with other researchers.</p> <p>I understand the results will be published.</p> <p>The information will be anonymous. They will take out my personal details first.</p>	<input type="checkbox"/>

	<p>I understand that taking part is voluntary and I do not have to take part</p> <p>I can stop being in the research at any time</p> <p>If I stop I do not have to give a reason and I will still get my normal care</p>	<input type="checkbox"/>
	<p>I agree to City, University of London recording and processing this information about me.</p> <p>I understand that this information will be used only for the purpose(s) set out in this statement.</p> <p>My consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.</p>	<input type="checkbox"/>
	<p>I am happy for the researchers to tell my GP that I'm taking part in this project</p>	<input type="checkbox"/>
	<p>I agree to take part in the research</p>	<input type="checkbox"/>

Participant

Participant Signature

Date

Witness (ONLY if participant unable to write)

Witness Signature

Date

Researcher

Researcher Signature

Date

When completed, 1 copy for participant; 1 copy for researcher file.