

### Consent Form

Therapists experiences of delivering treatment to patients with co-morbid mental and physical health conditions within an IAPT service.

Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions please contact a member of the research team, whose details are set out on the Participant Information Sheet

If you are happy to take part in the interviews then please circle whether you agree or not to each of the statements below and sign and date the form. You will be given a copy to keep for your records.

- I have read and understood the information in the Participant Information Sheet which I have been given to read before asked to sign this form; **Yes/No**
- I have been given the opportunity to ask questions about the study; **Yes/No**
- I have had my questions answered satisfactorily by the research team; **Yes/No**
- I agree that anonymised quotes may be used in the final Report of this study; **Yes/No**
- I understand that my participation is voluntary and that I am free to withdraw at any time until the data has been anonymised, without giving a reason; **Yes/No**
- I agree to take part in the research **Yes/No**

Name (Printed).....

Signature..... Date.....