

Therapist Affect Phobia Study

Therapist Consent Form

In order for us to proceed with the study we ask you to sign the consent form to say that you understand what is involved and that you are happy to participate. We would be grateful if you could read the following, write your initials after each statement as appropriate and then sign at the bottom of the page. Thank you for participating!

	<i>My initials</i>
I have read and understood the information sheet and have had the opportunity to ask questions about the evaluation.	
I agree to take part in the evaluation described in the information sheet.	
I give permission for my consultation to be videotaped.	
For the purpose of this evaluation I allow the research team to view the recording of my consultation.	
I understand that personal data will be anonymized and will be accessed only by the research team.	
I understand that I can withdraw from the evaluation at any time and that this will not affect my supervision and training.	
I would like you to temporarily store my email address so you can send me a summary of the evaluation results.	

Therapist name:

Therapist signature:

Date: