Miss Holly Dale
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CONSENT FORM

Psychosis and the Therapeutic Relationship: A Vignette Study

Name of Researcher: Holly Dale *If you agree, please check the box*

1. I confirm that I have read the information sheet [Version 2.0 [Date: 13/08/2026]] for this study. I have had the opportunity to consider the information, ask questions, and have these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
3. I understand that data collected during the study may be looked at by individuals from University of Oxford, NHS Trusts or from regulatory authorities where it is relevant to my taking part in this research . I give permission for these individuals to have access to my data.	
4. I understand that my data will be stored securely by the University of Oxford for up to 5 years, at which point it will be destroyed.	
5. I agree to take part in this study.	
6. I would like to receive a copy of the study's findings upon completion and provide consent for my personal information to be retained for this purpose.	☐ Yes ☐ No

Today's Date: _____