

**CONSENT FORM**  
**HRECS no 2021.260**

**Protocol Title: A randomized control trial regarding the efficacy of an app series based on EMDR for co-morbid PTSD problems**

I \_\_\_\_\_ the undersigned hereby voluntarily consent to my involvement in the research project titled **A randomized control trial regarding the efficacy of an app series based on EMDR for co-morbid PTSD problems**. I acknowledge that the nature, purpose and risks of the research project and alternatives to participation have been fully explained to my satisfaction by **Mark Grant MA** through online consent. Specifically, the details of the procedure(s) proposed and the anticipated length of time it will take, the frequency with which the procedure(s) will be performed and an indication of any discomfort that may be expected have been explained to me.

- I freely agree to participate in this research project according to the conditions in the Participant Information Sheet which I confirm has been provided to me.
- I understand that my involvement in this study may not be of any direct benefit to me.
- I have been told that no information regarding my medical history will be divulged to unauthorised third parties and the results of any tests involving me will not be published so as to reveal my identity.
- The use of these apps is subject to the usual privacy issues and risks associated with using app(s) and mobile devices.
- I understand that I am free to withdraw from the study at any stage.
- If I decide to withdraw from the study, I agree that the information collected about me up until the point of when I withdraw may continue to be processed.
- I am 18 years of age, or over.
- I declare that all my questions have been answered to my satisfaction.
- I have read, or have had read to me, and I understand the Participant Information Sheet, version 1, dated July 2021.

**Participant Details**

Name of Participant (please type)	
Participant email address (if applicable)	
Date	

**I agree, start questionnaire**

# Withdrawal of Participation Form

I wish to **WITHDRAW** my consent to participate in the research described above and I would like any information which I have provided for the purpose of this research study withdrawn.

**Participant Name**

Name of Participant	
Date	

**Submit withdrawal of consent**