Consent Form for the COVID Anxiety Project Separate consent for Clinical Trial of CBT for Health Anxiety

This consent form should be completed after reading the COVID Anxiety Project: Clinical Trial Information Sheet.

I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to ask questions which have been answered fully.

I understand that by taking part in the trial, I have an equal chance of being offered therapy or no therapy. If I am allocated to the group that receives therapy, I will be asked to take part in a series of one-to-one telephone sessions of cognitive behavioural therapy.

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.

I agree to Imperial College keeping my data and using it for the purpose of this research. I understand that the responses that I give will be anonymised and kept for 10 years.

I understand that therapy sessions will be audio recorded so that a senior member of the research team may listen to the session and provide feedback to the therapist. The recordings will be deleted at the end of the study.

I consent to take part in the above study.

Please write your full name, today's date and add your signature below.

Name __________________ Date ____________ Signature ________________