

Participant Consent Form

Research study: Australian psychiatrists' and psychologists' perspectives on psychotherapy for people with schizophrenia.

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Participant Name _____

I agree to take part in this research study. In giving my consent, I confirm that that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the study is to investigate psychiatrists' and psychologists' perspectives of provision of psychotherapy as part of care to people with schizophrenia.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I will be required to engage in a 15-25min recorded semi structured interview.
- I understand that participation involves video recordings of the interview, for transcription and qualitative analysis.
- I understand that being in this study is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
- I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information identifying me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I confirm the following:

I would like feedback on the overall results of this study

Yes No

If you answered **yes** to receiving feedback or being contacted in future, please provide your preferred contact details (email/telephone/postal address):

- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

Participant Name

Signature

Date
