**Exploring engagement with between-session work for Low Intensity Cognitive Behavioural Therapy (CBT) delivered in Improving Access to Psychological Therapies (IAPT) services**

**Consent to contact form**

**Chief Investigator:**Penny Bee

**Student researcher:** Mia Bennion

If you are interested in taking part in this study and would like the student researcher to contact you please give your details below. You should only provide the information if you are happy to be contacted in that way. For example, if you do not want to be contacted by phone then do not provide a phone number.

**Please note the following points in relation to the processing of your data:**

* Data will be held securely by the research team on behalf of the University of Manchester according to the University’s data protection and information security policies. A copy of the University’s Privacy Notice can be found at: <http://documents.manchester.ac.uk/display.aspx?DocID=37095>
* Access to the data will be restricted to the research team for the sole purpose of contacting you about this study.
* Your data will not be shared with anyone outside of the research team without your express permission.
* The details collected will only be stored for as long as required to find out if you wish to take part in this specific study. Once no longer needed, that data will be destroyed securely.
* If you decide to change your mind about being contacted about the study or would like your details to be destroyed you can contact Mia Bennion.

Once you have completed your details on the next page, please ensure that you have added your signature and return it to Mia Bennion. You may wish to keep this page of the document.

**Contact Details**

**Mia Bennion**

**Email: mia.bennion@postgrad.manchester.ac.uk**

**Phone: 07933 611 477**

**Post: Mia Bennion**

**The University of Manchester**

**Division of Nursing, Midwifery and Social Work**

**Jean McFarlane Building (6th Floor)**

**Oxford Road**

**Manchester M13 9PL**

(If you would like to send something to the research team via post, please contact the student researcher to discuss how this can be done free of charge).

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**Consent to contact form**

I am happy **to provide/for my health care professional to provide** my personal details so that I can be contacted about this study.

|  |  |  |
| --- | --- | --- |
| Name | |  |
| Signature | |  |
| Today’s date | |  |
| Please complete the details below or hand back to your health care provider to complete on your behalf | | |
|  | | |
| **Contact by letter** | Address |  |
|  |
|  |
| Post Code |  |
|  | | |
| **Contact by phone** | Preferred contact number |  |
| When would you prefer to be contacted?  (please circle) | Morning/ Afternoon/ Evening/ Don’t Mind |
|  | | |
| **Contact by email** | Email address |  |
|  | | |