

# Alpha-Stim for Anxiety



GENERAL  
PRACTICE  
ALLIANCE

## Participant Consent Form

		<b>Please initial boxes</b>
1.	I confirm that I have read and understand the Participant Information Sheet. I have had the opportunity to consider the information, ask questions and have had 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. Any data provided prior to withdrawal will be retained and used.	
3.	I agree to complete the measures at the start, the middle, and the end of the project.	
4.	I give permission for my existing patient data and data collected during the study to be looked at by evaluators	
5.	I agree for anonymised data to be published	
6.	<b>I agree to use and return the Alpha-Stim, with the device being collected at the end of the project.</b>	
7.	I understand I am not liable for loss or damage to the Alpha-Stim device	
8.	I agree to be contacted for my views on Alpha-Stim, via phone, post or email	
9.	I agree to take part in the above project	

\_\_\_\_\_  
Name of  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature or tick if verbal  
agreement

\_\_\_\_\_  
Person taking  
Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return** by email to [sinead.galvin1@nhs.net](mailto:sinead.galvin1@nhs.net) or in person to your allocated SPLW if applicable.