



‘Permission for Researcher to Contact’ Form

**The Morita Trial (Morita Therapy for Depression and Anxiety:
A Feasibility and Pilot Study)**

I confirm that I have read and understand the summary sheet for the above study and I am happy for a researcher to contact me to discuss whether or not I would like to take part. 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.

Name.....
(Please print name)

Address.....
.....
.....

Signature.....

Name of GP and Surgery:

Telephone contact details:

Day..... May we leave a voice mail message? Y / N

Evening..... May we leave a voice mail message? Y / N

Mobile..... May we leave a voice mail message? Y / N

Email address.....

Please return to:

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