

CONSENT FORM

Title of Study: **Mixed-Methods Study of Clinical Hypnosis in the Management of Functional Neurological Disorders: Outcomes and Acceptability**

Please tick the box to indicate your agreement

1. I confirm that I have read and understand the information sheet dated 23/02/2026 (version...1.0), file name: Consent Form Stage One_Survey) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

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2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, and without my medical care or legal rights being affected.

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3. I understand that if I withdraw, no new information will be collected from me. I understand that information already collected about me may still be used in the study. This is to ensure the accuracy and integrity of the research and is in line with NHS and Health Research Authority guidance.

3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from the University of Lancaster, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research.
I give permission for these individuals to have access to my records.

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4. I understand that the research team will use my name and contact details to contact me and offer me the opportunity to take part in an online interview discussing my experience of taking part in hypnotherapy sessions.

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If you have ticked the box above, please insert either your email or phone number so that researchers can contact you to arrange an interview on your experiences of taking part in hypnotherapy sessions for FND.

Email address: _____

5. I understand that my personal information (e.g., name and age) will be retained by researchers until the end of data analysis and dissemination, and will be safely deleted by Dr Di Basilio (Chief Investigator) afterwards. A copy of my anonymised data (the answers to the surveys) will be safely stored for up to 10 years on Lancaster University's repositories, and Dr Di Basilio will be the Data Custodian and will be responsible for safe storage and deletion of my data.

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6. I agree to my GP being informed of my participation in the study.

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7. I would like to be contacted again at the end of the study, via email, to receive a summary of the study findings. I understand that this will be on or after March 2027.

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8. I agree to take part in the above study.

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Name of Patient

Date

Unique Identification Code (create it by adding the first two letters of your name to the last two digits of your year of birth – e.g., Name: Kelly; Year of Birth: 1987 --- the code would be: KE87) _____