

## Consent Form

**Title of Project:** Bridging the Gap between the Autistic, the Therapist and the Theoretical Perspective of Autism; An Intersubjective Analysis within a Co-Constructivist Grounded Theory Methodology.

**Name of Researcher: Raymi Doyle**

**Please initial box**

1. I confirm that I have read and understand the information sheet dated .....for the above study and have had the opportunity to ask questions.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided, and inform the researcher of my decision.
  
3. I understand that my interview will be recorded audio/visually and subsequently transcribed.
  
4. I agree to take part in the above study.
  
5. I agree that this form that bears my name and signature may be seen by a designated auditor.
  
6. I agree that all the data from this interview may be used in future research by the researcher named in this study only, to further assist in the development of the psychotherapy profession and services delivered to people diagnosed with autism .
  
7. The best available time and date for me to have a face to face / online / phone interview is on \_\_\_\_\_

3. Which type of Interview would you prefer?

- Face to Face (may only be feasible if there is reasonable transport limitations)
- Online (may only be feasible if participants are willing to use software that allows recording of transcription)
- Phone (may only be feasible if participants have access to a phone)
- Via email (email may require more than one email to clarify some points)

4. Do you prefer to be contacted before the interview to discuss any questions you may have?

- Yes
- No

