## The Charing Cross Hospital

## Information sheet

## **TRIGGER WARNING:**

- Depicts usage of drugs & alcohol, such as codeine.
- Depicts physical and mental illness, including psychosis
- Depicts violence and mentioned sexual violence

## **Exterior actions include:**

- <u>●</u> Temperature changes
- Physical contact with non harmful objects
- Physical contact with Interaction team actors include: pushing, pulling, tapping, smelling, drinking, shaking.
- Non allergens will be used during this sit, including a beverage and ointment.

Beforehand we recommend you relax and let your body relax, no harm will come to you, this is only a simulation.

CONSENT FORM		
Tit	le of Project: The Charing Cross Hospital – audio sit	
Ple	ase initial all boxes	
1.	I confirm that I have read and understand the information sheet for the audio sit. 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.	
3.	I am aware of the genre of the audio sit and have been informed of the exteriror actions taking place to immerce myself.	
4.	I agree to take part in the audio sit.	
Nar	ne of Participant Date Signature	