
Alleviating Specific Phobias Experienced by Children Trial (ASPECT)

EXPRESSION OF INTEREST FORM

If you are interested in taking part in this research, or would like some further information, please complete this form and return it to the address below. Alternatively, you can simply telephone or email us using the details below. (Your information will not be passed outside of the ASPECT study team and will remain confidential)

Your contact details so we can get in touch

Name of parent/guardian: _____

Name of child/young person: _____

Sex of child/young person;

Male Female

Age of child/young person (in years): _____

Address: _____

Postcode: _____

Email: _____

Home telephone: _____

Mobile telephone: _____

Preferred method of contact (tick all that apply):

Home telephone Mobile telephone Email Post

Our contact details so you can get in touch

Telephone: Office: 01904 294831; Mob: 07980959246

Email: emily.hayward@nhs.net

Postal address: Emily Hayward, COMIC Office, IT Centre, Innovation way, Heslington, York, YO10 5NB
