

Standing Practice In Rehabilitation Early after Stroke

Consent Form

Version 1: 12/07/2016 REC

Centre Number: _____

Study Number: _____

Name of Researcher: _____

**Please initial
each box**

1. I confirm that I have read and understand the information sheet **version X** dated **xx/xx/2016** for the above study. 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, without my medical care or legal rights being affected.
3. I understand that relevant sections of any of my medical notes and information collected about me during the study may be looked at by responsible individuals from my local NHS Trust, the study organisers and regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records
4. I consent to the storage of data, including personal information, for the purposes of this study on a password protected and encrypted Plymouth University computer. I understand that any information that could identify me will be kept strictly confidential and that no personal information will be included in the study report or other publication.
5. I agree to my GP being informed of my participation in the study
6. I agree to take part in the above study

Name of patient

Date

Signature

Name of person taking consent

Date

Signature

When completed: 1 for patient, 1 for medical record (original), 1 for researcher site file