

**Consent FORM**

Remote capture of patient data for bespoke socket design

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| Researcher: Elena Seminati e.seminati@bath.ac.uk  |

 **Please initial box if you agree with the statement**

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| 1. I have been provided with information explaining what participation in this project involves.
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| 1. I have had an opportunity to ask questions and discuss this project.
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| 1. I have received satisfactory answers to all questions I have asked.
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| 1. I have received enough information about the project to make a decision about my participation.
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| 1. I understand that I am free to withdraw my consent to participate in the project at any time without having to give a reason for withdrawing.
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| 1. I understand that I am free to withdraw my data within two weeks of my participation.
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| 1. I understand the nature and purpose of the procedures involved in this project. These have been communicated to me on the information sheet accompanying this form.
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| 1. I understand and acknowledge that the investigation is designed to promote scientific knowledge. I understand that the University of Bath may use the data collected for this study in future research project(s) but that the conditions on this form under which I have provided the data will still apply.
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| 1. I understand the data I provide will be treated as confidential, and that on completion of the project my name or other identifying information will not be disclosed in any presentation or publication of the research.
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| 1. I understand that my consent to use the data I provide is conditional upon the University complying with its duties and obligations under current data protection legislation.
2. I consent to my data being shared within the research team.
3. I consent to photographs and videos being taken.
4. I consent to my limb(s) being captured by photos.
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| 1. I hereby fully and freely consent to my participation in this project.
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Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant name in BLOCK Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher name in BLOCK Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any concerns or complaints related to your participation in this project please direct them to the Chair of the Research Ethics Approval Committee for Health, health-ethics@bath.ac.uk.