

Head injury Evaluation and Ambulance Diagnosis: A Feasibility Study

Consent Form

If you are happy to participate please complete and sign the consent form below

	Activities	Initials
1	I confirm that I have read the attached information sheet (Version 0.1, Date 04/03/2022) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to my GP being informed of my participation in this study.	
4	I understand that individuals from research team or from the NHS trust will access my medical records to collect information for the study. I give permission for these individual to have access to my records.	
5	I understand that any data collected may be included in anonymous form in publications and conference presentations.	
6	I understand that any anonymised data collected may be made available to other researchers	
7	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
8	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	

9	I agree to take part in this study.	
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The following activities are optional, you may participate in the research without agreeing to the following:

11	I agree that the researchers may contact me in future about other research projects.	
12	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](#).

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____
Name of researcher taking consent	Date	Signature

1 copy for the participant, 1 copy for the research team (original), 1 copy for the medical notes