

REC Reference Number: **24/WS/0158**

IRAS ID: **346340**

CONSENT FORM

Patient Identification Number for this trial: _____

Title: Patients Experience and Acceptability of Using a Virtual Reality Headset as an adjunct to rehabilitation following major trauma: An Interview Study

Name of Researcher: _____

Initial each box

I confirm that I have read and understand the information sheet dated _____ version _____ for the above study and have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
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.	
I understand that I will be able to withdraw my data up to 'the time of anonymised interview transcription'.	
I understand that relevant information from my medical notes and personal data collected during the study may be looked at by responsible individuals from City, St George's University of London or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.	
I agree to the interview being audio or videorecorded.	
I agree to de-identified quotes from my interview being used in reports and presentations of the study findings.	
I agree to take part in the above study.	
I agree to my de-identified interview data being used for future research.	Optional Yes _____ No _____
I would like to be informed of the study's results	 Yes _____ No _____

Name of Patient

Date

Signature

Consent taken in person ☐ Consent taken verbally over the phone ☐

I am confirming that if consent is taken verbally, I will ensure a signed copy is sent to the participant.

Name of person taking consent

Date

Signature

When completed: Original stored in- Investigator Site File; Copy given to Participant; and Copy stored in their medical notes