

Participant Consent Form (PCF)

I confirm that I have read the information sheet dated 31.10.2025 (version.3.1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. *

- Yes
- No

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. *

- Yes
- No

I understand that relevant sections of my medical notes and data collected during the study may be looked at by the medical team. I grant permission for the medical teams to access my records. *

- Yes
- No

I agree to my General Practitioner being informed of my participation in the study. *

- Yes
- No

I know that the **overall results** of the study may be shared through journals or conferences. If I want to read the results, I can ask the research team (ss48@aru.ac.uk). *

- Yes
- No

I understand that the information held and maintained by Anglia Ruskin University may be used to help contact me or provide information about my health status. *

- Yes

No

I know I can **withdraw at any time** without giving a reason and that it won't affect my care. *

Yes

No

I agree to take part in the above study. *

Yes

No

Name of Participant

Date

Initials *

0/32,000 characters

Name of Person seeking consent *

Date

Initials

0/32,000 characters

- The research team will retain a copy of the signed consent form for documentation and compliance purposes.

To receive a copy of the signed consent form for your records, please save a copy of your consent form and responses by following these steps:

1. Right-click anywhere on the survey page (or use the browser menu) and select 'Print'.
2. Choose 'Save as PDF' as the destination in the print dialogue.
3. Click 'Save' and choose a location on your device to store the PDF file.

This will ensure you have a copy of all the information you provided.