

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

Date

Initials

seeking consent *

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.