

Insert local address

Principal Investigator: **INSERT DETAILS**

Participant Identification Number:

Participant Consent Form

Validating digital mobility assessment using wearable technology – the Mobilise-D Clinical Validation Study

We are inviting you to take part in a medical research study.

Please make sure you have read the accompanying participant information sheet which explains why we are doing this research and what we are asking you to do.

Please ask the researcher team if there is anything that is not clear or if you would like more information.

It is entirely up to you if you would like to take part or not.

Insert local address

Please
initial box

I confirm that I have read and understand the participant information sheet (version and date) for the above study. I have had the opportunity to consider the information, ask questions and have had 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 relevant sections of my medical notes and data collected during the study may be looked at by individuals from local clinical care team, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
I understand that the anonymised information collected about me will be stored & used to support other research in the future, and may be shared anonymously with other researchers.	
In the event that a new potential medical problem is found as a result of my participation, I agree that the research team may inform my GP or relevant medical professional about this following a discussion with myself.	
I understand that I will be provided with an activity monitor which will be worn for seven days following each visit.	
I agree to participate in this study.	

Name of Participant

Date

Signature

Name of Person
Taking Consent

Date

Signature