Consent form for Physiotherapy staff

Participant Identification Number for this study: ……..

Official title: Augmented Upper Limb Physiotherapy for Acute Stroke Survivors undergoing Inpatient Stroke Rehabilitation; a feasibility study

Lay title: Additional physiotherapy sessions focussing on arm rehabilitation for people after stroke during the early inpatient period? A feasibility study

Name of Researchers: Abdullah Alhusayni, Professor Lorna Paul, Dr Aleksandra Dybus and Dr Eileen Cowey

Please initial box

1. I confirm that I have read and understand the participant (physiotherapy staff) information sheet dated __26/11/2018__ (version _4__) for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected. All data (personalised and study data) collected up to the point of withdrawal from the study will be retained until the end of the study. ☐

3. I understand that information collected about me may be looked at by authorised individuals from the study sponsor NHS Greater Glasgow & Clyde, the research team, or from the regulatory authorities where it is relevant to my taking part in this research. ☐

4. I understand that the researchers may use my experiences of taking part in the study for the teaching and training of health and social care staff or publish it with data being anonymous in scientific journals, or the PhD thesis. ☐

5. I agree to take part in the above study. ☐

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

(1 copy for subject; 1 copy for researcher)