University of Glasgow | College of Medical, Veterinary & Life Sciences

Patient Identification Number for this study:

CONSENT FORM

Title of Project: Acceptability of Web-based Physiotherapy for People Undergoing Stroke Rehabilitation and Their Carers

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

Please initial box

I confirm that I have read and understand the participants information sheet dated _____ (version _____) for the above study and have had the opportunity to ask questions. ☐

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. ☐

I understand that the researchers may publish my views anonymously in journals, in the PhD thesis and for the teaching and training of health and social care staff ☐

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)