

## INFORMED CONSENT

**Study Title:**

An investigation into neuropilates on motor function in chronic stroke: a pilot randomised feasibility study

**Document creation date:** August 4<sup>th</sup> 2020

NCT number [not yet assigned].

Identifiers: [NCT ID not yet assigned]

# INFORMED CONSENT FORM

*An investigation into neuropilates on motor function in stroke: A pilot randomised feasibility study.*

I have read and understood the **Information Leaflet** about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction. **Yes**  **No**

I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my future medical care. **Yes**  **No**

I am aware of the potential risks, benefits and alternatives of this study. **Yes**  **No**

I give permission for researchers to look at my medical records to get information. I have been assured that information about me will be kept private and confidential. **Yes**  **No**

I have been given a copy of the Information Leaflet and this completed consent form for my records. **Yes**  **No**

I consent to take part in this research study having been fully informed of the risks, benefits and alternatives. **Yes**  **No**

I give informed explicit consent to have my data processed as part of this research study. **Yes**  **No**

I consent to be contacted by researchers as part of this research study. **Yes**  **No**

\_\_\_\_\_  
Name of Patient (Block Capitals)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature