

## **Cover Page**

### **Participant Consent Form**

Study Title: Unilateral Strength Training and Mirror Therapy for Enhancing Upper Limb Motor Function Post Stroke: A Pilot Randomised Controlled Trial

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NCT number [not yet assigned].

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### **Participation Consent Form**

#### **Unilateral Strength Training and Mirror Therapy for Enhancing Upper Limb Motor Function Post Stroke: A Pilot Randomised Controlled Trial**

1. I confirm that I have received a copy of the Information Sheet for the above study. I have read it and I understand it. I have received an explanation of the nature and purpose of the study and what my involvement will be.
2. I have had time to consider whether to take part in this study and I have had the opportunity to ask questions.
3. I understand that my participation is voluntary and that I can decide to opt out of the research at any time.
4. I understand that all information gathered about me during this study will be treated with full confidentiality.
5. I agree to the video recording of training sessions and understand that all recordings will be kept confidential.
6. I agree to take part in the above study.

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Name of patient

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Date

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Signature