Participant Agreement Form

Full title of project: A non-randomised feasibility study to evaluate feasibility and acceptability of use of a computer-based cognitive rehabilitation (CBCR) intervention within community vocational rehabilitation pathway for young stroke survivors.

Easy read Title: Testing a computer brain training programme for young stroke survivors' return to work.

Name, position and contact details of researcher: Preetee Gokhale, PhD Scholar at Bournemouth University, UK

Contact: pgokhale@bournemouth.ac.uk

Name, position and contact details of supervisor:

Dr Susan Dewhurst, Associate Professor in Physiology, Bournemouth University, UK

Contact: sdewhurst@bournemouth.ac.uk

Dr Kathryn Collins, Senior Lecturer in Physiotherapy, Bournemouth University, UK

Contact: kcollins@bournemouth.ac.uk

Section A: Agreement to participate in the study

You should only agree to participate in the study if you agree with all of the statements in this table and accept that participating will involve the listed activities.

I have read and understood the Participant Information Sheet (v1.1) and have been given access to the BU Research Participant Privacy Notice which sets out how we collect and use personal information (https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy). ADD NHS GDPR DETAILS
I have had an opportunity to ask questions.
I understand that my participation is voluntary. I can stop participating in research activities at any time without giving a reason and I am free to decline to answer any particular question(s).
I agree that BU researchers may access information of my medical records and/or process my confidential medical information as described in the Participant Information Sheet.
I understand that taking part in the research will include the following activity/activities as part of the research:
• taking part in a computer-based training programme and participate in an interview and assessments for thinking, perceived motivation and ability to return to work.
• I agree being audio recorded on an encrypted recorder and my interview being transcribed on Microsoft Teams software for accurate analysis of information.

• my words will be quoted in academic magazine articles, reports, web pages and other research outputs without using my real name
I understand that, if I withdraw from the study, I will also be able to withdraw my data from further use in the study **except** where my data has been anonymised (as I cannot be identified) or it will be harmful to the project to have my data removed. I understand that withdrawal from the study suggests discontinuing the use of RehaCom brain training intervention and not engaging with the activities related to this research project such as participation in the interviews, assessments and the RehaCom training. Withdrawal from the research will **not** impact my access to routine care.
I understand that my data may be included in non-identifiable form within a dataset to be archived at an appropriate research data repository such as BORDaR (BU's Data Repository).
I understand that my data may be used in an anonymised form by the research team to support other ethically approved research projects in the future, including future academic publications, reports or presentations.

I consent to take part in the project on the basis set out above (Section A)	**Initial box to agree**

I confirm my agreement to take part in the project on the basis set out above.

Name of participant (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature
Name of researcher (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature

Once a Participant has signed, **please sign 1 copy** and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the participant (including a copy of PI Sheet)