INFORMED CONSENT FORM

Thank you for considering taking part in this research.

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: Assessment of a personalised anti-fatigue multimodal program for community-dwelling people with chronic lymphocytic leukaemia:
a pilot feasibility study – LIVE-CLL

University of Surrey Ref: ERM ID 4435

The person asking for your consent must explain the project to you before you agree to take part. If you have any questions about the Information Sheet or their explanation, please ask the researcher before you make your decision. You will be given a copy of this Consent Form and the Information Sheet to keep and refer to at any time.

By **initialling** each box, you are consenting to this part of the study. Any un-initialled boxes will mean that you DO NOT agree to that part of the study, and this may mean you are ineligible for the study. Items 12 and 13 in the 'Future use of the information in the study' section are optional; you can still take part in the study if you do not initial them.

Taking part in the study		
	Statement	Please initial each box
1	I confirm that I have read and understood the information sheet version 0.2 dated 13/OCT/26 for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time during the study without giving any reason. Furthermore, I understand that data already collected can only be withdrawn up to the point that it is anonymised, which will be 2 weeks after my final (post-programme) assessment, or 2 weeks after the date I withdraw if I leave the study early. After this point, my data cannot be identified and therefore cannot be withdrawn.	
3	I understand that information I provide may be subject to review by responsible individuals from the University of Surrey and/or regulators for monitoring and audit purposes.	
4	I understand that information I provide will be used in various anonymised outputs, including scientific publications, conference presentations, and other research outputs.	

5	I understand that my personal data, including this consent form, which links me to the research data, will be kept securely in accordance with data protection guidelines and will be accessible only to the immediate research team or responsible persons at the University.	
6	I understand any personal contact details collected about me, such as my phone number and address, will not be shared beyond the study team.	
7	I understand that participation involves completing online assessments and questionnaires and taking part in a personalised 12-week physical activity and wellbeing programme delivered remotely.	
8	I understand that if the screening process identifies a medical condition or safety concern, the research team may request further medical clearance before I can participate in the programme.	
9	I consent to the processing of my personal and special category data, including health-related information, for the purposes described in the Participant Information Sheet.	
10	I agree that the research team may contact my GP, and share relevant information about my health and my participation in this study with my GP, only where this is needed for my safety (for example, to obtain medical clearance to exercise, or following an adverse event).	
11	I agree to take part in this study.	

Future use of the information in the study (optional)		
		Please initial each box
12	I agree that my anonymised research data may be shared with other researchers and used in future ethically approved research studies.	
13	I agree to my personal contact details being retained by the research team, so I may be informed about future related research studies conducted by the University of Surrey. This item is optional. If I do not initial this box, my contact details will not be added to, or retained on, the research register as a result of this study. This will not affect my participation in this study, or any consent to be contacted about future research that I have previously given.	

Signatures		
Name of Participant	**Signature**	**Date**
Name of Researcher	**Signature**	**Date**