Erasmus MC | Leids Universitair Medisch Centrum | HelmetED RCT

## Consent form

**Study number: ..... (to be completed by researcher)**

To participate in the medical-scientific research:
*"The effect of visual patient education on helmet use behavior in patients aged ≥ 60 years after a bicycle, e-bike or moped accident: a randomized controlled trial".*

I have read the information letter written for the study participants. I was able to ask supplementary questions. My questions have been answered carefully. I had enough time to decide whether to participate.

I know that participating is completely voluntary. I know that I can decide not to participate at any time. I don't have to give a reason for that.

I am aware some people can see my data. Those people are listed in the information letter.

I give permission to use my data for the purposes stated in the information letter.

I give permission to keep data for a maximum of 15 years after the end of this research.

I believe participating in this study can be meaningful.

*Learn patients sticker*

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Name participant: Email: .....

Signature: Date : __ / __ / __
Phone number:……...

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I hereby declare that I have fully informed this participant about the study*.

Name of investigator (or his representative):

Signature: Date: __ / __ / __

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Additional information is provided by (if applicable):

Name and position:

Signature: Date: __ / __ / __