



Department for
Health



UNIVERSITY OF
BATH

Royal United Hospitals Bath 
NHS Foundation Trust

Exercise Snacking to Improve Strength and Stability: ESISST pilot study

Informed Consent Form

Investigators

Dr Oly Perkin

(O.J.Perkin@bath.ac.uk)

Dr Max Western

(M.J.Western@bath.ac.uk)

Dr Tomas Welsh

(tw695@bath.ac.uk)

**Please
initial box**

1. I confirm that I have read the participant information sheet and I have had the opportunity to consider the information, ask questions, and have satisfactory answers.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. I understand that I will be asked to undertake two bouts of homebased exercise snacking a day for 28 consecutive days
4. I understand who will have access to the data, how the data will be stored, what will happen to the data at the end of the project, and that if I wish to withdraw my data from the project I must inform the investigators before publication of the findings.
5. I understand that this project has received ethical approval from the NHS South West – Frenchay Research Ethics Committee [reference: 22/SW/0084].
6. I agree that a copy of this informed consent form will be stored at the Research Institute for Care of Older People for 10 years in accordance with the University of Bath's Data Retention Policy as Sponsor of the research.

7. I agree that the anonymous data collected in this study, will be stored in the University of Bath Research Data Archive for 10 years from the point that data collection is complete, after which point it will be destroyed in accordance with the University of Bath's Data Retention Policy.

8. I agree to take part in the above study.

Optional questions

	Yes	No
i) I give permission to the University of Bath Research Data Archive to grant access to this anonymous data to support ethically approved research in the future.	<input type="checkbox"/>	<input type="checkbox"/>
ii) I give permission for my GP to be informed that I am participating in this study (this is optional).	<input type="checkbox"/>	<input type="checkbox"/>
iii) I agree to take part in the optional audio-recorded interview at the end of the study, but I understand that I can change my mind nearer the time.	<input type="checkbox"/>	<input type="checkbox"/>

Participant Name: _____

Participant Signature: _____

Date: _____

Researcher Name: _____

Researcher Signature: _____

Date: _____

Participant Copy



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Site File Copy



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Medical Records Copy