

IRAS ID:	353466	Sponsor Reference No.:	RG-404-25	Version no.:	V3.0	Version Date:	27-Mar-2026
----------	--------	------------------------	-----------	--------------	------	---------------	-------------



Title of Project:	Mobilization and tactile stimulation (MTS) to improve unilateral neglect post stroke: a pilot and feasibility study
Name of Researcher:	Maryam Mohammad
Participant ID no.	

CONSENT FORM

Please initial boxes

1.	I confirm that I have read the information sheet dated 27/3/26 (version 4.0) for the above research project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
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.	<input type="checkbox"/>
3.	I understand that relevant sections of my healthcare records and data collected during the study, may be looked at by individuals from Keele University as research Sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	<input type="checkbox"/>
4.	I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers.	<input type="checkbox"/>
5.	Where appropriate, I agree to my consultant, GP, nurses, therapists or other relevant health professional in the clinical team being informed of my participation in the research project.	<input type="checkbox"/>
6.	I understand that the information held and maintained by Midlands Partnership University Foundation Trust or Keele University may be used to help contact me or provide information about my health status.	<input type="checkbox"/>
7.	I understand that all data collected about me during this study will be anonymised before it is submitted for publication and agree to the use of any quotes.	<input type="checkbox"/>
8.	I agree to take part in the above research project.	<input type="checkbox"/>

IRAS ID:	353466	Sponsor Reference No.:	RG-404-25	Version no.:	V3.0	Version Date:	27-Mar-2026
----------	--------	------------------------	-----------	--------------	------	---------------	-------------

Name of participant:	Date:	Signature:
Name of person seeking consent: (Researcher)	Date:	Signature:

If the participant can understand the study and give verbal consent, but is not able to sign the form themselves (e.g. due to dominant arm weakness after stroke), please, use the signature boxes below:

Name of participant who verbally consents to participate in the study:	Date:	
Name of witness signing on behalf of the participant:	Date:	Signature:

When completed: one copy for participant; one for researcher site file; one to be kept in healthcare records

IRAS ID:	353466	Sponsor Reference No.:	RG-404-25	Version no.:	V3.0	Version Date:	27-Mar-2026
----------	--------	------------------------	-----------	--------------	------	---------------	-------------