Canolfan ar gyfer Gwerthuso, Asesu Dyfeisiau ac Ymchwil Gofal Iechyd
CEDAR
Centre for Healthcare Evaluation, Device Assessment and Research

HELPP ID: _____
(office use only)

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

HELPP
HeEL Pain Pathways

Informed Consent Form v2.1

Full study title: Feasibility of developing personalised treatment pathways for relief of plantar heel pain using a sequential multiple assignment randomised trial (SMART) study design

Please initial boxes

I have been consulted about participation in this research project. I have had the opportunity to ask questions about the study and understand what is involved.	☐
I confirm that I have read and understood the Participant Information Sheet version 3.0 dated 13/03/2025 for the above study. I have had the opportunity to ask questions which have been answered fully.	☐
I understand that I can withdraw from the study at any time, without giving any reason and without my medical care or legal rights being affected.	☐
If I decide to withdraw or I am withdrawn from the study, I agree that the information collected about me up to the point of my withdrawal will be used in the data analysis for this study.	☐
I understand that relevant sections of my medical records and data collected during the study may be looked at by responsible individuals from Cardiff and Vale University Health Board and other regulatory authorities where it is relevant to taking part in this research.	☐
I consent to the processing of my personal information (name, email, date of birth, telephone number and address) for the purposes explained to me. I understand that such information will be held in accordance with all applicable data protection legislation and in strict confidence, unless disclosure is required by law or professional obligation.	☐
I understand who will have access to my personal information, how my data will be processed and stored, and what will happen to the data at the end of the research project.	☐
I understand that an audiovisual recording of my interview or focus group discussion may be shared securely with an approved external transcription company.	☐
I understand that anonymised excerpts and/or verbatim quotes from my interview or focus group discussion may be used as part of research reports, publications, or presentations.	☐
I agree to my General Practitioner being informed of my participation in this study.	☐
I agree to participate in this research study.	☐
OPTIONAL: I understand that the information collected about me may be used to support other research in the future, and may be shared anonymously with other researchers. My data may be securely linked to other databases for the purpose of long-term follow-up.	☐

Name of participant	Date	Signature

When completed: Original copy to be saved in site file; 1 copy for participant; 1 copy to be saved in medical records.