

Patient Identification number for this trial:

CONSENT FORM

Title of Project: Physical Activity in Heart Failure

Name of researchers: Dr Djordje Jakovljevic, Dr Jane Skinner, Dr Guy MacGowan, Dr Kristian Bailey, Dr Sarah Moore, Dr Leah Avery, Dr Nicki O'Brien, Dr Christopher Eggett

Please initial box

1. I confirm that I have read and understand the information sheet dated 4th April 2016 (version 3.0) for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participant 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 agree to my GP being informed of my participation in the study. ☐
4. I understand that my results will be kept confidential. ☐
5. I understand that my data will be stored securely. ☐
6. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by members of the research team or individuals 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. ☐
7. I agree to take part in the above study. ☐
8. I agree, that if asked I will take part in a focus group discussion with the member of the research team and other participants recruited to the study for the purpose of this research. ☐

_____ Name of patient	_____ Date	_____ Signature
_____ Name of person taking consent (if different from researcher)	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature

1 copy for patient; 1 copy for researcher; 1 copy to be kept within medical records