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Study Code:

Site ID Code:

Participant identification number:

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## SURGEON PARTICIPANT CONSENT FORM: SPECIALTY REGISTRARS

### A prospective randomised controlled study assessing surgical performance and the impact of simulation training in primary THR

Name of Researcher:

If you agree, please initial

box

1. I confirm that I have read the information sheet dated..... (version.....) for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	
3. I understand that relevant sections of my anonymised data collected during the study may be looked at by individuals from University of Oxford, from regulatory authorities and from the NHS Trust(s), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I understand that responsible members of the research team may request sections of my training data (e.g. 'logbook' or ePortfolio) and link this to my anonymized research data where it is relevant to my taking part in this research. I give permission for these individuals to use such data I provide.	
5. I agree to take part in this study.	

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Surgeon Participant Consent form: StR  
THR Performance & Assessment  
Professor Jonathan Rees

Version 2.0 12<sup>th</sup> October 2019  
IRAS Project number: 270167  
REC Reference number: 19/SC/0492

*Name of Person taking  
Consent*

*Date*

*Signature*

*\*1 copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes (if participant is a patient).*