

INFORMED CONSENT

Study Title:

An investigation into neuropilates on motor function in chronic stroke: a pilot randomised feasibility study

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INFORMED CONSENT FORM

An investigation into neuropilates on motor function in stroke: A pilot randomised feasibility study.

I have read and understood the **Information Leaflet** about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction. **Yes** ☐ **No** ☐

I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my future medical care. **Yes** ☐ **No** ☐

I am aware of the potential risks, benefits and alternatives of this study. **Yes** ☐ **No** ☐

I give permission for researchers to look at my medical records to get information. I have been assured that information about me will be kept private and confidential. **Yes** ☐ **No** ☐

I have been given a copy of the Information Leaflet and this completed consent form for my records. **Yes** ☐ **No** ☐

I consent to take part in this research study having been fully informed of the risks, benefits and alternatives. **Yes** ☐ **No** ☐

I give informed explicit consent to have my data processed as part of this research study. **Yes** ☐ **No** ☐

I consent to be contacted by researchers as part of this research study. **Yes** ☐ **No** ☐

Name of Patient (Block Capitals)

Date

Signature