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Cardiff and Vale
University Health Board

Ysbyty Athrofaol
Cymru
University Hospital
of Wales



GREAT ORMOND STREET
INSTITUTE OF CHILD HEALTH

IRAS ID: 238464

Study ID Number:

Participant Identification Number:

CONSULTEE DECLARATION FORM [Version 2.0 30/01/18]

Title of Project: Measuring Physical Activity Levels in Critical Care: A Feasibility Study

Name of Researcher: Mrs Laura Jones, Dr Harriet Shannon

Please initial box

1. I _____ have been consulted about _____'s participation in this research project. I confirm that I have read and understand the information sheet dated 30/01/2018 [version 2.0] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. In my opinion he/she would have no objection to taking part in the above study.

3. I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.

4. I understand that relevant sections of his/her care record and data collected during the study may be looked at by responsible individuals from Cardiff and Vale UHB, University College London and from regulatory authorities, where it is relevant to their taking part in this research.

5. I agree for any data already collected to be used for the purposes of this research study

Name of Consultee

Date

Signature

Relationship to participant:

Person undertaking consultation
(if different from researcher)

Date

Signature

Researcher

Date

Signature

When completed: 1 (original) to be kept in medical notes, 1 for consultee; 1 for researcher site file