East and North Hertfordshire Teaching NHS Trust

Consent form

Ergonomic evaluation of microscopic ear surgery with an exoskeleton

Chief Investigator: Mr Ananth Vijendren

Participant study ID number:_____

Thank you for taking an interest in participating in this research. Please complete this consent form after you have read the Participant Information Sheet or after having the project explained by a Researcher. If you have any questions, please ask the researcher before you decide to join. You will be given a copy of this Consent Form and the Participant Information sheet to keep and refer to.

Please write your initials in the boxes to agree with the statements:

	Initials
1. I have read the Participant Information Sheet (v1.0 dated 03.03.2026) for this study and/or have had details of the study explained to me and I understand what the study involves (i.e., I understand the risks and benefits of participating in the study).	
2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.	
3. I wish to voluntarily participate in the study under the conditions set out in the Participant Information Sheet and I understand that I am free to withdraw from the study at any time. I do not need to give a reason for my withdrawal.	
4. I agree to provide information to the researchers with the understanding it will be treated as strictly confidential under the Data Protection Act 2018.	
5. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes.	
6. I agree to participate in the above study.	

Name of Participant: _____ Date:_____ Signature: _____

Researcher taking consent: _____ Date:_____ Signature: _____

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.