



PARTICIPANT ONLINE CONSENT FORM
(Draft Version 1.1 / Final version 1.0: 17.04.2026)

Title of Study: Pain-At-Work Toolkit for Employees with Chronic Pain

IRAS Project ID: 367449

Chief Investigator: Professor Holly Blake

Project Researcher: Dr Wendy Chaplin

Name of Participant:

1. I confirm that I have read and understand the information sheet version number 1.0 dated 17.04.2026 for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my legal rights being affected. ☐
3. I understand that relevant sections of my data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
4. I understand that any interviews with myself, may be video- or audio-recorded and that anonymous direct quotes from the interview may be used in the study reports.

Yes No

☐ ☐
5. I understand that information about my participation recorded during the study will be made anonymous before it is stored. It will be uploaded into a secure database on a computer and kept in a secure place. Data will be kept for 7 years after the study ends, then deleted. ☐
6. I understand that the information collected about me may be used to support other research in the future, and may be shared anonymously with other researchers.

Yes No

☐ ☐
7. I understand anything I say during any interviews will be kept confidential unless they reveal something of concern that may put themselves or someone else at any risk. It will then be necessary to report this to the appropriate persons.

Yes No

☐ ☐
8. I would like to be sent at summary of results at the end of the trial and agree for my contact details to be stored for this purpose (optional)

Yes No

☐ ☐
9. I agree to take part in the above study. ☐

Name of Participant

Date

Signature

Role

Organisation

2 copies: 1 for participant, and 1 for the project notes