

Centre number: _____

Trial Number: _____

CONSENT FORM

Strengthening and Stretching for Rheumatoid Arthritis of the Hands

(SARAH)

Please initial box

1. I confirm that I have read and understand the information leaflet dated version for the above 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, without my medical care or legal rights being affected.
3. I understand that relevant sections of the data collected during the study may be looked at by individuals involved in the study, or from regulatory authorities or from the NHS trust, where it is relevant to my taking part in this research. I give permission for these individuals where it is relevant to have access to my records.
4. I agree to my GP being informed of my participation in the study.
5. I am aware that the results of the study may be presented in research reports, scientific conferences and/or journals. However, the information I provide for the study will remain confidential.
6. I am aware that the research team will contact me again at 4 and 12 months.
7. I agree to take part in the above study

Name of Participant (BLOCK CAPITALS)

Date

Signature

Name of person taking consent

Date

Signature