

## To be printed on local site headed paper

### CONSENT FORM

**Study title:** A multicentre randomised controlled trial of an augmented exercise referral scheme using web-based behavioural support in individuals with metabolic, musculo-skeletal and mental health conditions (e-coachER)

**Chief Investigator:** Professor Adrian Taylor

Please **initial**  
each box

I have read the information sheet dated 20<sup>th</sup> November 2015 (Version 2.0) for this study. I have had time to consider the information and have had any questions answered satisfactorily.

I understand that my participation in this study 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.

I give permission for the Peninsula Clinical Trials Unit at the University of Plymouth to store my contact details for the purposes of the e-coachER study only.

I give permission for the research team to obtain a record of my attendance at the exercise referral scheme from my exercise specialist. I understand that I will NOT be contacted by the researchers to discuss or explain my attendance record.

I understand that information collected during the study may be looked at by the study organisers where it is relevant to my taking part in this research. I give permission for these individuals to have access to my study records.

I agree to my General Practitioner being informed of my participation in the study.

I understand that data collected from the study may be looked at by regulatory authorities or by persons from the Trust where it is relevant to my taking part in this study. I give permission for these individuals to have access to this information.

I understand that I may be invited to take part in a telephone interview with a researcher, to find out my views about the study. I understand that this part of the study is optional so I do not have to agree to be interviewed.

I agree to take part in the study.

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Researcher to complete: consent given by patient in person [ ] or via telephone [ ].*