

The SSHeW study PARTICIPANT CONSENT FORM

If you wish to take part in the **SSHeW** (Stopping Slips among Healthcare Workers) study, **please place your initials in each of the boxes below, sign and date this form and return it in the pre-paid envelope provided.** If you (or a relative or friend) would like to ask more questions about this study before deciding whether to take part, please do not hesitate to contact the trial co-ordinator, [insert trial coordinator's name] on telephone [insert telephone contact number/mobile number].

All the information on this form will be kept confidential and won't be released to anyone outside the research team

*Please initial
each box*

1. I confirm that I have read and understand the information sheet [insert PIS version number] for the above study and have had the opportunity to ask any questions about the study and any questions have been answered to my satisfaction.

Initials

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I understand that if I withdraw any data provided up to that point will still be used in an anonymised format.

Initials

3. I understand that my data collected during the study may be looked at by individuals from the University of York's Trials Unit, by the research team at the Health & Safety Executive and by regulatory authorities. I give permission for these individuals to access my records.

Initials

4. I agree to the University of York's Trials Unit and my Research and Development Department at [insert name of local trust] holding my personal details and consent form to allow them to send me texts, emails, questionnaires and other SSHeW study related documents and to allow them to contact me about slips and falls and queries relating to the study.

Initials

5. I am willing to receive emails and texts in connection with the SSHeW study. See participant information sheet.

Initials

6. I understand that my mobile phone number will be shared with a third party who will send and receive study texts. My phone number and replies to texts will be held by them in accordance with the General Data Protection Regulation and the Data Protection Act 2018 and will not be shared with other parties outside the SSHeW study.

Initials

7. I understand that my name and work address will be shared with Shoes for Crews (the shoe supplier for the study) so that they can provide my shoes.

Initials

8. I agree that my employer can be informed about my participation in this study.

Initials

9. I agree that my anonymised data can be used to support other research in the future,

Initials

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and may be shared with other researchers.

10. I understand that I will be offered one free pair of shoes from the range provided for this study.

Initials

11. I agree to take part in the SSHeW study.

Initials

In addition to the above statements, please initial the following box if you agree with the following statement. Please leave blank if you disagree. Your participation in the SSHeW study will not be affected if you do not agree with this statement

12. I am willing to receive an invitation to take part in a one-to-one interview to share my experiences about taking part in this study.

Initials
(optional)

IMPORTANT: PLEASE SIGN BELOW IF YOU WOULD LIKE TO TAKE PART IN THE SSHeW STUDY

Print name

Name of participant (please print)

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Date

Signature

Signature of participant