

INFORMED CONSENT FORM: Patient
The Southampton Mobility Volunteer programme to increase physical activity levels of older inpatients: a feasibility study (SoMoVe)

LREC number:

Participant ID:

Chief Investigator: Dr Helen Roberts

Principal Investigator: Dr Stephen Lim

Thank you for reading the information about our research project. If you would like to take part, please read and sign this form.

PLEASE INITIAL THE BOXES IF YOU AGREE WITH EACH SECTION:

1.	I have read the information sheet version.....dated for the above study and have been given a copy to keep. I have been able to ask questions about the study and I understand why the research is being done. I have been informed about any risks or inconveniences involved and the conditions under which the study is to be conducted.	<input type="checkbox"/>
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 work situation or my legal rights being affected.	<input type="checkbox"/>
3.	I understand that my participation in this study involves taking part in physical activity sessions during my stay in the hospital. I may also be invited for an interview that will last for 30-40 minutes and will be audio-recorded.	<input type="checkbox"/>
4.	I give my permission to the researcher to audio-record the interview by using a digital voice recorder.	<input type="checkbox"/>
5.	I understand that my confidentiality as a participant in this study will remain secure and that the transcript of the interview will not contain my name or identifiable information. I agree for my data to be stored anonymously and that any published quotations or extracts from the research will maintain my confidentiality.	<input type="checkbox"/>
6.	I understand that the data collected about me may be used to support research in the future, and that my data may be shared anonymously with other researchers	<input type="checkbox"/>
7.	I agree to participate in this study.	<input type="checkbox"/>

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Name

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Signature

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Date

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Researcher

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Signature

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Date

Original for site file/researcher, one copy for participant and one for medical records.