***Appendix (iii)* CONSENT FORM**

**Study title**: Repetitive Control and electrode array pattern selection for FES-based Drop-Foot Assistance – feasibility study

**Experiment Two**

**Researcher name**: Aaron Page

**ERGO number**: **47517**

**Participant Identification Number (if applicable*):***

***Date – 09/04/2019***

***Version 4***

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet Experiment two Version 4, 09/04/19 and have had the opportunity to ask questions about the study. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study.  |  |
| I understand my participation is voluntary and I may withdraw (at any time) for any reason without my participation rights being affected. |  |
| I confirm, that I have no lower limb impairment. |  |
| I confirm, that I am not currently using a pacemaker or any attached electrical equipment.  |  |

Name of participant (print name)……………………………………………………………………………

Signature of participant……………………………………………………………………………………….

Date……………………………………………………………………………………….. ………………….

Name of researcher (print name)……………………………………………………………………………

Signature of researcher ……………………………………………………………………………………….

Date………………………………………………………………………………………………………………..

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