**CONSENT FORM**

**Title of study:** Development of a 5 dimensions Load Monitoring and Intervention System (LOMIS) - Study 3

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

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| --- | --- | --- | --- | --- |
|  | | | | ***Please Initial*** |
| 1. I confirm that I have received enough information about the study, have read and understood the participant information sheet for study 3 version 8 date 21/12/2021 of the above study and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | | | | -------- |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected. I understand that if I withdraw from the study, my data will be used unless I specifically request it not to be. | | | | -------- |
| 1. I understand that relevant sections of my health care records may be looked at by researchers from the University of Salford where it is relevant to my taking part in the research. I give permission for these individuals to access my records. | | | | -------- |
| 1. I agree to my GP, hospital and community podiatry team being informed of my participation in the study | | | | -------- |
| 1. I consent to the following details being recorded and retained for a maximum of 3 years within this study. name, address, telephone number, email address, sex, age, height, weight, marital status, racial or ethnic origin and and medical details regarding my diabetes. | | | | -------- |
| 1. I consent to the secure transfer, storage and use of data (paper and electronic), for the purposes of this study to the University of Salford. I understand that any information that could identify me will be kept strictly confidential and that no personal information will be included in the study report or other publications. | | | | -------- |
| 1. I understand that my anonymised data will retained for 10 years on secured Password encrypted computers at the University of Salford. This data may be shared with third parties (University of Southampton, University of Bangor and others) for the purpose of secondary analysis, collaboration, presentation and publications. | | | | -------- |
| 1. I agree to have a digital photograph, infrared photograph and foot scan of my foot/ feet taken and saved for the purpose of secondary analysis, presentation and publications. | | | | -------- |
| 1. I agree to have video recordings being taken and saved of my different activities (walking, stair climbing, standing, sitting) during in-person research sessions for the purpose of secondary analysis. | | | | -------- |
| 1. I understand that the information held and maintained by the [NHS Site] may be used by the Salford University to help contact me or provide information about my health status. | | | | -------- |
| 1. I agree to take part in a short interview following each study appointment | | | | -------- |
| 1. I agree to take part in this study. | | | | -------- |
| **Name of participant**  **…………………………………………………………………………………………** | | **Date(dd/mmm/yyyy)** | **Signature** | | |
| **……………………………….** | **……………………………** | | |
| **Name of person taking consent** | **Study Designation/Role** | **Date(dd/mmm/yyyy)** | **Signature** | | |
| **………………………………………………………..** | **……………………………………..** | **……………………………….** | **……………………………** | | |
| **Name of interpreter for the participant** |  | **Date(dd/mmm/yyyy)** | **Signature** | | |
| **………………………………………………………..** |  | **……………………………….** | **……………………………** | | |