



# Participant Agreement Form

## Project: Relief for Wheelchair users with Sciatica

Participant details:

Name:	Position:
Telephone Number:	Email Address:

Please read the participant information sheet before proceeding the participant agreement form. If you have any other questions regarding the project and agreement forms, please ask them now. **Please read each statement carefully and tick or place your initials in the boxes respectively.**

I have read and understood the participant information sheet for the above research project.	
I confirm that I have had the opportunity to ask questions.	
I understand that my participation is voluntary.	
I understand that I am free to withdraw up to the point where data is processed and become anonymous, so my identity cannot be determined, unless I choose to reveal my identity.	
Should I not wish to answer any particular question(s), I am free to decline without giving reason and without there being any negative consequences.	
I give permission for members of the research team to use my identifiable information for the purposes of this research project, unless otherwise specified.	
I confirm that I may be involved in questionnaires.	
I understand I may be asked to take part more than once.	
I agree to take part in the above research project.	

Participant Name: \_\_\_\_\_ Researcher Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_