**Participant Consent Form**

|  |  |
| --- | --- |
| Project title: | **A wearable incontinence management system** |
| Principal investigator (PI): | **Kia Nazarpour** |
| Researcher(s): | **Srinjoy Mitra, Wei Ju, Lynda Webb, Sadeque Reza Khan** |
| PI contact details: | **Kianoush.nazarpour@ed.ac.uk** |

By participating in the study you agree that:

* I have read and understood below participant information sheets (PIS) and I have had the opportunity to ask questions, and that any questions I had were answered to my satisfaction.

|  |  |  |
| --- | --- | --- |
| PIS1 | PIS2 | PIS3 |
|  |  |  |

* My participation is voluntary, and that I can withdraw at any time without giving a reason. Withdrawing will not affect any of my rights. In addition, should I not wish to answer any particular question or questions, I am free to decline.
* I consent to my anonymised data being used in academic publications and presentations.
* I understand that my anonymised data will be stored for the duration outlined in the Participant Information Sheet.

**Please tick yes or no for each of these statements.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| **1.** | I agree to being video recorded for approved research purposes. |  |  |
| **2.** | I allow my data to be used in future ethically approved research. |  |  |
| **3.** | I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised data and responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. |  |  |
| **4.** | I agree to take part in this study. |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Date Signature

*To be signed and dated in presence of the participant*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator Date Signature

*Once this has been signed by all parties the participant can receive a copy of the signed and dated consent form, participant information sheets and any other written information provided to the participants. A copy of the signed and dated consent form will be kept with the project’s main documents in a secure location.*