



TRUST LOGO

Local Research Team: **Name; phone; email**

Local Investigator:

Study Code:

Site ID Code:

Participant identification number:

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CONSENT FORM

Maximising Mobility and Strength Training (MMoST) feasibility trial

*If you agree,
please initial box*

1. I confirm that I have read the information sheet dated (version.....) for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University of Oxford, from regulatory authorities [and from the NHS Trust(s)], where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I consent to the research team holding my contact details so that they can contact me about the study and send me a summary of the results of the study. I understand that these details will be held securely and destroyed at the end of the study.	
5. I agree to my General Practitioner being informed of my participation in the study and any relevant information about my health during assessment or whilst taking part in the study.	
6. I agree to have a blood sample collected using a finger prick, if required, and for any blood samples taken for the purpose of this study to be sent to a UK accredited laboratory for analysis.	

MMoST_ConsentForm_V2.0_18Oct2022
Maximising Mobility and Strength Training (MMoST) Feasibility Trial
IRAS Project number: 317330 REC Reference number: 22/LO/0672
Chief Investigator: Dr Esther Williamson

*If you agree,
please initial
box*

7. I give my permission for clinical research staff to access my medical records to view results of pre-existing blood tests, where available.	
8. I am aware that treatment sessions may be observed for quality assurance purposes.	
9. I understand that the exercise classes are planned to be held face-to-face but that these may be delivered in my home or online if COVID-19 restrictions mean face-to-face delivery is not possible.	
10. I agree to share my name, address and date of birth with Nutricia Homeward for the purpose of home delivery of protein supplements, if applicable.	
11. I agree to take part in this study.	
12. OPTIONAL: I agree to a researcher visiting me once at home to observe my home exercises.	

Name of Participant

Date

Signature

*Name of Person taking
Consent*

Date

Signature

When completed: 1 copy for participant; 1 copy for researcher site file (original); 1 electronic copy for the central study office (Oxford)

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