# **Name of principal investigator/researcher**

Kacper Zoltowski

# **REC reference number**

# **Title of study**

Metabolic – Fitness Mobile Application.

Please tick or

initial box

|  |  |  |
| --- | --- | --- |
| 1 | I confirm that I have read and understood the participant information dated 28/02/2023, V1 for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily. |  |
| 2. | I understand that my participation is voluntary and that I am free to withdraw without giving a reason without being penalised or disadvantaged. |  |
|  | I understand that I will be able to withdraw my data up to the time of publication. |  |
|  | I agree to maintain the confidentiality of focus group discussions. |  |
|  | I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR). |  |
|  | **I would like to be informed of the results of this study once it has been completed and understand that my contact details will be retained for this purpose.** |  |
|  | I agree to take part in the above study. |  |

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Name of Participant Signature Date

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Name of Researcher Signature Date

When completed, 1 copy for participant; 1 copy for researcher file.