

Participant Consent Form

Project title:	Characterising plantar pressure distributions during daily activities	
Lead researcher:	Luke Cleland	
Contact details:	Luke Cleland, ldclelnd1@sheffield.ac.uk Dr. Hannes Saal, h.saal@sheffield.ac.uk Prof. Claudia Mazzà, c.mazza@sheffield.ac.uk	
		Please circle
1)	I confirm that I have read and understand the information sheet dated ___/___/___ explaining the above research project. I have had the opportunity to consider the information, ask questions about the project and have had these answered satisfactorily.	Yes / No
2)	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. In addition, should I not wish to answer any particular question or questions, I am free to decline.	Yes / No
3)	I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.	Yes / No
4)	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 responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in any publications, reports, web pages, and other research outputs that result from the research.	Yes / No
5)	I understand that video and pictures may be captured during the experiments, and am happy for this to happen. I understand that these will be edited to obscure my identity and that in their anonymised form these may be used in the context of scientific presentations.	Yes / No
6)	I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	Yes / No

7)	I confirm that I do NOT have a new or persistent cough, a change in my sense of taste and smell or a temperature, or that I confirm that I have received a negative COVID test within the last 48 hours.	Yes / No
8)	I am happy to be contacted regarding participation in future projects	Yes / No
9)	I would like to receive a copy of any scientific publications made including my data	Yes / No
10)	I agree to take part in the above research project.	Yes / No
11)	I am a first year undergraduate psychology student at The University of Sheffield	Yes / No
12)	I wish to take part in the draw for a £20 amazon voucher	Yes / No
Participant name:	Signature: _____ Date: _____ Printed: _____ Contact email: _____	
Researcher taking consent:	Signature: _____ Date: _____ Printed: _____	
Lead researcher:	Signature: _____ Date: _____ Printed: _____	
<i>To be signed and dated in presence of the participant</i>		