Participant Consent Form

Restoring natural touch to active Prosthesis users: On the benefits of training for retention of upper-limb prostheses.

***By signing this document, you confirm that you:***

* Are willing for your demographic information to be collected, anonymised, and stored by the University.
* Have been given the opportunity to discuss the study, and your role in the study with the researcher;
* Have received satisfactory answers to all questions asked.
* Are able to make an informed decision about your participation in the study.

You are free to withdraw from the study at any time, without providing a reason, at which point all data regarding you will be destroyed and removed from the study’s findings.

## I hereby fully and freely consent to my participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of the West of England will use the data I provide for no purpose other than research.

I understand that the data I provide will be kept **confidential**, and that on completion of the study my data will be **anonymised** by removing all links between my name or other identifying information and my study data. This will be done before any presentation or publication of my data.

I understand that the University of the West of England may use the data collected for this project in a future research project but that the conditions on this form under which I have provided the data will still apply.

I understand that I may withdraw from inclusion in the study any time up to 2 weeks after completion, whereby all data gathered will be destroyed and not included in further works.

I agree to the University of the West of England keeping and processing the data I have provided during the course of this study. I understand that these data will be used only for the purpose(s) set out in the information sheet, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act and the General Data Protection Regulation.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details (only to be used with regards to the study):

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

