

CONSENT FORM

Title of Project: The Evaluation of a Collision Avoidance System for Powered Wheelchairs

Name of Researcher: Matthew Pepper

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Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential. I may ask for my details to be removed from the database at any time in the future if I change my mind.
4. I understand that overall results from the analysis of this evaluation may be published in medical journals or presented at conferences, but I will not be identified individually at any time.
5. I agree to take part in the above study.

_____ Name of Participant	_____ Date	_____ Signature
_____ Name of Person taking consent (if different from researcher)	_____ Date	_____ Signature
_____ Matthew Pepper Researcher	_____ Date	_____ Signature

Copies: 1 for participant 1 for researcher