

Evaluation of a Collision Avoidance system for Powered Wheelchairs

Consent to Use Images

We would like to take some photos / video images as part of this evaluation:

Insert participant's full name

- These images will be held securely and may be retained in both paper and electronic formats, as part of the record of this evaluation and any associated reports, in accordance with the Data Protection Act (Data Protection Act 1998).
- In addition we may like to use the images that we have taken for displays of this evaluation and the general promotion of the work of the EDECT project.
- This consent form limits the use of your images to the purposes that you select below.
- Refusal to give your consent for any of the listed purposes will not affect your participation in this evaluation.
- You may withdraw your consent at any time, by writing to Dr Matthew Pepper - contact details below.

I agree that images of the person named above can be: (please tick yes or no for each of the options below)

1. Used in the EDECT Project records and associated reports.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Shared with other professionals associated with the EDECT Project.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Used in displays related to the promotion of the EDECT project.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Used for illustrating or publicising the work of the EDECT project <i>I understand that the recordings may be used on the internet and understand that once on the internet no retraction of my consent will be possible.</i> <i>I understand that EDECT project and the East Kent Hospitals University NHS Foundation Trust may make the picture(s) available on a publicly available website and that the Trust can have no control over the downloading and use of these images.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Other uses (specify below)	Yes <input type="checkbox"/> No <input type="checkbox"/>



I have read the above statements and I consent to images of the person named above being used for the purposes that I have indicated in the above list.

Researcher Signature:	
Print Name:	
Date:	
Participant Signature:	
Print Name:	
Date:	

Contact details: Dr Matthew Pepper

Address: Medical Physics Department
Kent & Canterbury Hospital
Ethelbert Road
Canterbury. CT1 3NG

Tel: 01227 864291 ext 722-4291

Email: matthew.pepper@nhs.net