# Report supplementary material 5

# Staff: participant consent form

PARTICIPANT CONSENT FORM: SERVICES

**Project Title: ‘Fit for surgery’ or ‘fit for life’?** Exploring the potential of using the perioperative encounter to promote regular exercise and physical activity: an expanded evidence synthesis

**Researcher: Amy Robinson**

Please initial box

|  |  |  |
| --- | --- | --- |
| 1. | I confirm that I have read and understand the *Participant Information Sheet* dated 14/10/20 for the above study. | ☐ |
| 2. | I have had the opportunity to consider the information sheet, to ask the researchers any questions I had, and have received a helpful response. | ☐ |
| 3. | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. | ☐ |
| 4. | I am aware that I should retain a copy of the *Participant Information Sheet* and *Participant Consent Form* for future reference. | ☐ |
| 5. | I understand that while the information gained in this study will be published as explained, I will not be identified and individual information will not be published. | ☐ |
| 6. | I agree to group discussions being audio recorded and understand that any recordings will be destroyed once written down and no personal data will be recorded. | ☐ |
| 7. | I acknowledge that by joining a recorded focus group discussion that I agree to take part in the above study. | ☐ |

Name of Participant:

**Signed:** …………………………………… **Date:** ………………........................

I certify that I have explained the study to the individual above and consider that they understand what is involved and have freely consented to take part in the research.

Name of researcher: Amy Robinson

**Researcher’s signature**…………………………………………..  **Date**…………………..........................

One copy will be forwarded and retained by participant and one copy to be retained by researcher.