

Participant Consent form

Orthotic management of instability of the knee in neuromuscular disease

	Please confirm the statements by putting your initials in the box below
I have read and understood the participant information sheet	
I have had the opportunity to ask questions and discuss this study	
I have received satisfactory answers to all of my questions	
I have received enough information about the study	
I understand that I am free to withdraw from the study:- 1 At any time 2 Without having to give a reason for withdrawing	
I understand that if I choose to withdraw from the study during the focus group any information I have already provided during the discussion would still be used.	
I understand that the focus group will be audio-recorded.	
I understand that any information I provide, including personal details, will be confidential, stored securely and only accessed by those carrying out the study. The focus group transcripts and other personal information will be stored securely for five years then destroyed.	
I understand that any information I give may be included in published documents but my identity will be protected by the use of pseudonyms	
I agree to take part in this study:	
Participant Signature	Date
Name of Participant	
Researcher Signature	Date
Name of Researcher	