

University of Brighton  
School of Health Professions  
*MSc Rehabilitation science*

**Participant Consent Form**

Charlotte Chambers

1. I confirm that I have read and understand the information sheet dated ..... for the above study. I have had the opportunity to consider the information and ask questions, which have been answered to my satisfaction.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
3. I agree to take part in the above study.

.....  
Name of Participant, Date, Signature

.....  
Name of Researcher, Date, Signature