



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

Cyfranogwr Rhif Adnabod:
Participant Identification Number:

1701274

FFURFLEN GANIATÂD CYFRANOGIAD

SAMPLE PARTICIPANT INFORMATION SHEET

TEITL Y PROSIECT: / PROJECT TITLE: What are the Barriers and Health Benefits to participation in Disability Sport?

***THIS FORM IS TO BE AMENDED AND ADAPTED AS NECESSARY**

Dear Participant:

My name is Nathan Edwards and I am studying in the School of University of Wales Trinity Saint David.

I would like to invite you to participate in my research project. This project will produce the main barriers to participation in disability sport and aims to use the benefits of participation to increase the participation in sport for someone with a disability.

*Attached to this letter is a short questionnaire developed by Nathan Edwards which will assess the barriers to participation and the health benefits of participating in physical activity. I believe your opinions will be extremely helpful to me.

Through your participation in the questionnaire and/or interviews, I hope to ascertain information on the different types of barriers and benefits to participation in sport from the perspective of someone with a disability.

All questionnaires will be kept strictly confidential to the researchers involved and at **NO** time will individual questionnaires be released to the general public. This gives you a chance to express your views on your programme a confidential and anonymous forum and still be able to make a difference. Your participation in this study is completely voluntary so you can withdraw from the questionnaire at any stage.

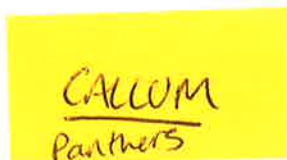
Our questionnaire should take about 10 minutes to complete, but there is no time constraint. There are also no right or wrong answers. Attached to this letter along with the questionnaire is consent form which will be signed by the organisation in order to release the information I collect to be used within my research project. As this is a new project, your feedback is also important to us and we would be much obliged if you could also complete the feedback sheet along with the questionnaire. We understand that your time is at a premium but your opinions are very valuable to us.

After careful and precise analysis of the data obtained from this questionnaire, I will be happy to provide you with a copy of the findings at your request. The results of this questionnaire will hopefully

enhance my understanding of the barriers for someone with a disability participating in sport and the benefits of this and will be stored on a password protected file on a USB drive. The results of the research will be fed back to myself and the information will be used within my research project.

We thank you in advance for your time and participation. If any questions do arise, feel free to contact me at your convenience.

ENW A CHYFEIRIAD YR YMCHWILYDD	NAME & ADDRESS OF RESEARCHER Nathan Edwards 3 Bracken Road, Margam, Port Talbot, SA13 2AU.
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APPLICATION FOR ETHICAL APPROVAL – BA level

CAIS AM GYMERADWYAETH MOESEGOL – Lefel BA

Mae'r ffurflen hon i'w chwblhau gan bob BA myfyrwr. Rhaid i bob ffurflen gael ei ystyried gan diwtor y modiwl. Dylai un copi o'r ffurflen yn cael ei roi ar y ffeiliau Gyfadran ac un copi cadw ar y ffeil myfyrwr.

This form is to be completed by all BA students conducting research, projects or productions. This form should be completed by the student. All forms must be considered by the Module tutor. A copy of the form must be kept centrally and on the student file.

ADRAN 1 – MANYLION MYFYRIWR

SECTION 1 - STUDENT DETAILS

Enw Llawn Full Name	Nathan Ross Edwards		
Ysgol/Cyfadrn/ School/Faculty	UWTSD Swansea	Rhif Myfyrwr Student Number	1701274
Cydlynnydd prosiect / Tiwtor Module Tutor/ Programme Co-ordinator	Andrew Thomas	Enw'r Gradd Name of Degree	Sports Management

Teitl dangosol yr Traethawd Hir:

Indicative Title of Dissertation:

What are the Barriers and Health Benefits to participation in Disability Sport?

**ADRAN 2 – MANYLION CYFRANOGWYR /
CYNULLEIDFA**

**SECTION 2 - PARTICIPANT / AUDIENCE
DETAILS**

Pwy yw'r cyfranogwyr arfaethedig?	Who are the intended participants?	Ydw / Yes	Na / No
Myfyrwyr / staff Y Drindod Dewi Sant	Students / staff of Trinity Saint David		X
Oedolion (dros oed 16 ac yn gymwys i gydsynio)	Adults (over the age of 16 and competent to give consent)	X	
Plant a phobl ifanc dan oed	Children / legal minors		X
Cleifion neu gleientiaid gweithwyr proffesiynol	Patients or clients of professionals		X

Rhywun sy'n cael ei gadw yn y ddalfa neu y mae'r llys wedi cymryd cyfrifoldeb amdano	Anyone in custodial care or for whom the court has assumed responsibility		x
Aelod o unrhyw sefydliad lle mae'n bosibl bod angen i unigolyn arall hefyd gydsynio.	A member of any organisation where another individual may also need to give consent.		x
Eraill: Nodwch: / Others: please identify:			

Nifer, Oed a Ffynhonnell y Cyfranogwyr Rhowch fanylion yr demograffeg y cyfranogwyr / gynulleidfa.		Participant / Audience Number and Age Provide details of the demographics of the participants / audience.	
Nifer o Gyfranogwyr / yn y Gynulleidfa	Participant/ Audience number		
Grŵp oedran y Cyfranogwyr/y Gynulleidfa	Participant/ Audience age group	23 years	

ADRAN 3 – GWEITHGAREDD YMCHWIL

SECTION 3 – RESEARCH ACTIVITY

1.	Ydy'r prosiect yn cynnwys:	Does the project include:	Ydy / Yes	Nac ydy/No
	Defnyddio holiadur neu offeryn ymchwil tebyg	Use of questionnaire or similar research instrument		X
	Defnyddio prawf ysgrifenedig neu gyfrifiadurol	Use of written or computerised test		X
	Cyfweliad (cysylltwch gwestiynau posibl)	Interview (attach provisional questions)	X	
	Dyddiaduron	Diaries		X
	Arsylwi ar gyfranogwyr a hwythau'n ymwybodol o hynny	Participant observation with their knowledge		X
	Arsylwi ar gyfranogwyr a hwythau ddim yn ymwybodol o hynny	Participant observation without their knowledge		X
	Recordio fideo neu sain	Video or audio-taping	X	
	Mynediad i wybodaeth bersonol neu gyfrinachol heb gydsyniad penodol y cyfranogwyr	Access to personal or confidential information without the participants specific consent		X
	Defnyddio unrhyw gwestiynau, ysgogiadau prawf, cyflwyniad y gallai rhai cyfranogwyr eu profi fel rhywbeth sy'n achosi niwed / tramgwydd corfforol, meddyliol neu emosiynol	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive		X
	Cyflawni unrhyw weithredoedd allai achosi embaras neu effeithio ar hunan-barch	Performance of any acts which may cause embarrassment or affect self-esteem		X

Ymchwilio i gyfranogwyr sy'n ymwneud â gweithgareddau anghyfreithlon	Investigation of participants involved in illegal activities		X
Gweithdrefnau lle defnyddir twyll	Procedures that involve deception		X
Gweini unrhyw sylwedd, cyfrwng neu blasebo	Administration of any substance, agent or placebo		X
Dull arall o gasglu data neu fformat cyflwyno (esboniwch)	Other method of data collection or presentation format (please explain)		X

2. Restru eich dull o gasglu data	List your method of data collection:
Interview	

3. Risg Posibl: (corfforol, seicolegol, cyfreithiol, cymdeithasol neu economaidd)	Potential Risk: (physical, psychological, legal, social or economic)		
A oes unrhyw risg bosibl i:	Is there any potential risk to:	Ydw / Yes	Na / No
A Cyfranogwyr?	Participants?	X	
B Ymchwilydd?	Researcher?	X	
C BrifYsgol/Cyfadrn?	University?		X

4. Rheoli Risg: Os oes, beth yw'r risg a sut y bydd yn cael ei reoli?	Management of Risk: If yes, what is the risk and how will it be managed?
Data Protection Act – I will password protect my USB drive so that only I and the lecturer is allowed access to the data collected. I will provide everyone who gives me personal data a form to fill in and sign to allow access for the university to use.	

5.	Os ydych yn delio â phlant a / neu oedolion agored i niwed, rhaid i chi gyflwyno eich tystysgrif DBS i'ch tiwtor goruchwylio i'w cymeradwyo cyn i unrhyw gysylltiad â cyfranogwyr hyn.	If you are dealing with children and/ or vulnerable adults you must present your DBS certificate to your supervising tutor for approval before any contact with these participants.	
		Ydw / Yes	Na / No
A	Ydych chi wedi gwneud cais am dystysgrif DBS?	Have you applied for a DBS certificate?	X
B	A yw eich tiwtor weld a'i gadarnhau eich tystysgrif DBS?	Has your tutor seen and approved your DBS certificate?	X

6.	A fyddwch yn cael cydsyniad gwybodus ysgrifenedig gan eich cyfranogwyr?	Will you obtain written informed consent from your participants?		
yes			Ydw / Yes	Na / No
A	Os na fyddwch, pam hynny?	If no, why not?		
B	Os byddwch, sut byddwch yn sicrhau cydsyniad gwybodus?	If yes, how will you secure informed consent?	X	
Rhowch eglurhad / Please explain: signatures of the forms to allow me to use the information in my research by the person taking part				
Cynhwyswch gopi o'r ffurflen gydsynio os ydych yn defnyddio un.		Please include a copy of the consent form if you are using one.		

ADRAN 4	SECTION 4
CEFNOGWYD /APPROVED	NIS CEFNOGWYD/ NOT SUPPORTED
Datganiad Mae'r wybodaeth a gynhwysir yma yn gywir, hyd eithaf fy ngwybodaeth a'm cred. Rwyf wedi ceisio dynodi unrhyw risgiau a phroblemau sy'n gysylltiedig â'r prosiect / ymchwil neu gynhyrchiad ac rwyf yn cydnabod f'ymrwymadau innau a hawliau'r cyfranogwyr.	Declaration The information contained herein is, to the best of my knowledge and belief, accurate. I have attempted to identify any risks and issues related to the project/research or production and acknowledge my obligations and the rights of the participants.

Llofnodau Dylai'r ffurflen hon gael ei chwblhau a'i llofnodi gan y myfyriwr a'r Cydlynnydd y prosiect /Twitor	Signatures This form should be completed and signed by the student and the Module tutor/Programme Co-ordinator.
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Myfyriwr / Student Nathan Edwards 	Dyddiad: / Date: 08/11/2019
Cydlynnydd y prosiect /Twitor Project co-ordinator / Tutor 	Dyddiad: / Date: 31/1/20
Sefydliad / Organisation C Jones	Dyddiad: / Date: 30/1/20



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

Cyfranogwr Rhif Adnabod:
Participant Identification Number:

1701274

CWESTIYNAU CYFWELIAD SAMPL

SAMPLE INTERVIEW/ SURVEY QUESTIONS

Project Title; What are the Barriers and Health Benefits to participation in Disability Sport?

1	What is your current role at the Port Talbot Panthers?
2	Can you give a brief overview of what the Panthers are about?
3	Do you think you make every part of the session inclusive for everybody to take part?
4	How do you do this?
5	How do you include everyone when playing games?
6	Do you face any challenges as a coach in the way you teach the participants?
7	How do you overcome these challenges?
8	Do you find that there are many excuses for not making training? Which is the most popular excuse?
9	Have you learnt anything whilst coaching the mixed ability attendees about adapting sessions and facilities?
10	Are there any benefits to participating in the mixed ability rugby set up?

ENW A CHYFEIRIAD YR YMCHWILYDD

NAME & ADDRESS OF RESEARCHER



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

Cyfranogwr Rhif Adnabod:
Participant Identification Number:

1701274

FFURFLEN GANIATÂD CYFRANOGIAD

PARTICIPATION CONSENT FORM

TEITL Y PROSIECT: / PROJECT TITLE: What are the Barriers and Health Benefits to participation in Disability Sport?

Name of Researcher: Nathan Edwards

Please initial box

1. I confirm that I have read and understand the information sheet dated 27.01.2020 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

CS

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

CS

3. I understand that any information given by me may be used in future reports, articles or presentations by the research team.

CS

4. I understand that my name will not appear in any reports, articles or presentations.

CS

5. I agree to take part in the above study.

CS

Callum Jones
Name of Participant

30/1/20
Date

C. Jones
Signature

Nathan Edwards
Researcher

30/01/2020
Date

Nathan Edwards
Signature

You may decline to participate in this study. You may end your participation in this study at any time. If you decide to remain anonymous, maintaining your anonymity will be a priority and every practical precaution will be taken to disguise your identity. If you prefer anonymity, there will not be any identifying information on audiotapes or transcripts of this or any interview. No-one will hear any audiotapes or see any transcripts without your prior consent. All materials generated from this or any interview will remain confidential.

When completed, please return in the envelope provided (if applicable). One copy will be given to the participant and the original to be kept in the file of the research team at:

PLACE:

ENW A CHYFEIRIAD YR YMCHWILYDD

NAME & ADDRESS OF RESEARCHER

Nathan Edwards

3 Bracken Road,
Margam,
Port Talbot,
SA13 2AU.



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

Cyfranogwr Rhif Adnabod:
Participant Identification Number:

1701274

FFURFLEN GANIATÂD CYFRANOGIAD

SAMPLE PARTICIPANT INFORMATION SHEET

TEITL Y PROSIECT: / PROJECT TITLE: What are the Barriers and Health Benefits to participation in Disability Sport?

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We thank you in advance for your time and participation. If any questions do arise, feel free to contact me at your convenience.

ENW A CHYFEIRIAD YR YMCHWILYDD	NAME & ADDRESS OF RESEARCHER
	Nathan Edwards 3 Bracken Road, Margam, Port Talbot, SA13 2AU.



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David**E3 FORM – Sports Research Project***PANTHERS*
*players***APPLICATION FOR ETHICAL APPROVAL – BA level****CAIS AM GYMERADWYAETH MOESEGOL – Lefel BA**

Mae'r ffurflen hon i'w chwblhau gan bob BA myfyrwr. Rhaid i bob ffurflen gael ei ystyried gan diwtor y modiwl. Dylai un copi o'r ffurflen yn cael ei roi ar y ffeiliau Gyfadran ac un copi cadw ar y ffeil myfyrwr.

This form is to be completed by all BA students conducting research, projects or productions. This form should be completed by the student. All forms must be considered by the Module tutor. A copy of the form must be kept centrally and on the student file.

ADRAN 1 – MANYLION MYFYRIWR**SECTION 1 - STUDENT DETAILS**Enw Llawn
Full Name

Nathan Ross Edwards

Ysgol/Cyfadrn/
School/Faculty

UWTSD Swansea

Rhif Myfyriwr
Student Number

1701274

Cydllynydd prosiect /
Tiwtor
Module Tutor/
Programme Co-ordinator

Andrew Thomas

Enw'r Gradd
Name of Degree

Sports Management

Teitl dangosol yr Traethawd Hir:

Indicative Title of Dissertation:

What are the Barriers and Health Benefits to participation in Disability Sport?

**ADRAN 2 – MANYLION CYFRANOGWYR /
CYNULLEIDFA****SECTION 2 - PARTICIPANT / AUDIENCE
DETAILS**

Pwy yw'r cyfranogwyr arfaethedig?	Who are the intended participants?	Ydw / Yes	Na / No
Myfyrwr / staff Y Drindod Dewi Sant	Students / staff of Trinity Saint David		X
Oedolion (dros oed 16 ac yn gymwys i gydsynio)	Adults (over the age of 16 and competent to give consent)	X	
Plant a phobl ifanc dan oed	Children / legal minors	X	
Cleifion neu gleientiaid gweithwyr proffesiynol	Patients or clients of professionals		X

Rhywun sy'n cael ei gadw yn y ddalfa neu y mae'r llys wedi cymryd cyfrifoldeb amdano	Anyone in custodial care or for whom the court has assumed responsibility		x
Aelod o unrhyw sefydliad lle mae'n bosibl bod angen i unigolyn arall hefyd gydsynio.	A member of any organisation where another individual may also need to give consent.		x
Eraill: Nodwch: / Others: please identify:			

Nifer, Oed a Ffynhonnell y Cyfranogwyr Rhowch fanylion yr demograffeg y cyfranogwyr / gynulleidfa.		Participant / Audience Number and Age Provide details of the demographics of the participants / audience.	
Nifer o Gyfranogwyr / yn y Gynulleidfa	Participant/ number	Audience	
Grŵp oedran y Cyfranogwyr/y Gynulleidfa	Participant/ group	Audience age	5years- 60years

ADRAN 3 – GWEITHGAREDD YMCHWIL

SECTION 3 – RESEARCH ACTIVITY

1.	Ydy'r prosiect yn cynnwys:	Does the project include:	Ydy / Yes	Nac ydy/No
	Defnyddio holiadur neu offeryn ymchwil tebyg	Use of questionnaire or similar research instrument	X	
	Defnyddio prawf ysgrifenedig neu gyfrifiadurol	Use of written or computerised test		X
	Cyfweiliad (cysylltwch gwestiynau posibl)	Interview (attach provisional questions)	X	
	Dyddiaduron	Diaries		X
	Arsylwi ar gyfranogwyr a hwythau'n ymwybodol o hynny	Participant observation with their knowledge		X
	Arsylwi ar gyfranogwyr a hwythau ddim yn ymwybodol o hynny	Participant observation without their knowledge		X
	Recordio fideo neu sain	Video or audio-taping	X	
	Mynediad i wybodaeth personol neu gyfrinachol heb gydsyniad penodol y cyfranogwyr	Access to personal or confidential information without the participants specific consent		X
	Defnyddio unrhyw gwestiynau, ysgogiadau prawf, cyflwyniad y gallai rhai cyfranogwyr eu profi fel rhywbeth sy'n achosi niwed / tramgwydd corfforol, meddyliol neu emosiynol	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive	X	
	Cyflawni unrhyw weithredoedd allai achosi embaras neu effeithio ar hunan-barch	Performance of any acts which may cause embarrassment or affect self-esteem		X

Ymchwilio i gyfranogwyr sy'n ymwneud â gweithgareddau anghyfreithlon	Investigation of participants involved in illegal activities		X
Gweithdrefnau lle defnyddir twyll	Procedures that involve deception		X
Gweini unrhyw sylwedd, cyfrwng neu blasebo	Administration of any substance, agent or placebo		X
Dull arall o gasglu data neu fformat cyflwyno (esboniwch)	Other method of data collection or presentation format (please explain)		X

2. Restrur eich dull o gasglu data	List your method of data collection:
- Questionnaires - Interview	

3. Risg Posibl: (corfforol, seicolegol, cyfreithiol, cymdeithasol neu economaidd)	Potential Risk: (physical, psychological, legal, social or economic)		
A oes unrhyw risg bosibl i:	Is there any potential risk to:	Ydw / Yes	Na / No
A Cyfranogwyr?	Participants?	X	
B Ymchwilydd?	Researcher?	X	
C BrifYsgol/Cyfadrn?	University?		X

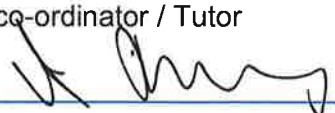
4. Rheoli Risg: Os oes, beth yw'r risg a sut y bydd yn cael ei reoli?	Management of Risk: If yes, what is the risk and how will it be managed?
Data Protection Act – I will password protect my USB drive so that only I and the lecturer is allowed access to the data collected. I will provide everyone who gives me personal data a form to fill in and sign to allow access for the university to use.	

5.	Os ydych yn delio â phlant a / neu oedolion agored i niwed, rhaid i chi gyflwyno eich tystysgrif DBS i'ch tiwtor goruchwylio i'w cymeradwyo cyn i unrhyw gysylltiad â cyfranogwyr hyn.	If you are dealing with children and/ or vulnerable adults you must present your DBS certificate to your supervising tutor for approval before any contact with these participants.	
		Ydw / Yes	Na / No
A	Ydych chi wedi gwneud cais am dystysgrif DBS?	Have you applied for a DBS certificate?	X
B	A yw eich tiwtor weld a'i gadarnhau eich tystysgrif DBS?	Has your tutor seen and approved your DBS certificate?	X

6.	A fyddwch yn cael cydsyniad gwybodus ysgrifenedig gan eich cyfranogwyr?	Will you obtain written informed consent from your participants?		
	yes		Ydw / Yes	Na / No
A	Os na fyddwch, pam hynny?	If no, why not?		
B	Os byddwch, sut byddwch yn sicrhau cydsyniad gwybodus?	If yes, how will you secure informed consent?	X	
Rhowch eglurhad / Please explain: signatures of the forms to allow me to use the information in my research by the people taking part				
Cynhwyswch gopi o'r ffurflen gydsynio os ydych yn defnyddio un.			Please include a copy of the consent form if you are using one.	

ADRAN 4	SECTION 4
CEFNOGWYD /APPROVED	NIS CEFNOGWYD/ NOT SUPPORTED
Datganiad Mae'r wybodaeth a gynhwysir yma yn gywir, hyd eithaf fy ngwybodaeth a'm cred. Rwyf wedi ceisio dynodi unrhyw risgiau a phroblemau sy'n gysylltiedig â'r prosiect / ymchwil neu gynhyrchiad ac rwyf yn cydnabod f'ymrwymadau innau a hawliau'r cyfranogwyr.	Declaration The information contained herein is, to the best of my knowledge and belief, accurate. I have attempted to identify any risks and issues related to the project/research or production and acknowledge my obligations and the rights of the participants.

Llofnodau Dylai'r ffurflen hon gael ei chwblhau a'i llofnodi gan y myfyriwr a'r Cydlynnydd y prosiect /Twitor	Signatures This form should be completed and signed by the student and the Module tutor/Programme Co-ordinator.
---	---

Myfyriwr / Student Nathan Edwards 	Dyddiad: / Date: 08/11/2019
Cydlynnydd y prosiect /Twitor Project co-ordinator / Tutor 	Dyddiad: / Date: 31/1/20.
Sefydliad / Organisation 	Dyddiad: / Date: 30/1/20



CWESTIYNAU CYFWELIAD SAMPL

SAMPLE INTERVIEW/ SURVEY QUESTIONS

Project Title; What are the Barriers and Health Benefits to participation in Disability Sport?

1	Age
2	Gender
3	What clubs do you attend in the area of Neath Port Talbot?
4	Has coming to the club benefitted your confidence in any way?
5	If there are any more clubs that were to start up around the area, would you attend?
6	Do you feel fitter in any way by attending the club?
7	Do you feel included in all activities the club puts on for you?
8	What benefits have you had from attending the club?
9	What do you enjoy most about attending the club?
10	Is there anything preventing you from attending any other clubs in the area?

ENW A CHYFEIRIAD YR YMCHWILYDD

NAME & ADDRESS OF RESEARCHER



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

Cyfranogwr Rhif Adnabod:

Participant Identification Number:

1701274

FFURFLEN GANIATÂD CYFRANOGIAD

PARTICIPATION CONSENT FORM

TEITL Y PROSIECT: / PROJECT TITLE: What are the Barriers and Health Benefits to participation in Disability Sport?

Name of Researcher: Nathan Edwards

Please initial box

1. I confirm that I have read and understand the information sheet dated 27.01.2020 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

CS

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

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3. I understand that any information given by me may be used in future reports, articles or presentations by the research team.

CS

4. I understand that my name will not appear in any reports, articles or presentations.

CS

5. I agree to take part in the above study.

CS

Callum Jones

Name of Participant

30/1/20

Date

C. Jones

Signature

Nathan Edwards

Researcher

30/01/2020

Date

Nathan Edwards

Signature

You may decline to participate in this study. You may end your participation in this study at any time. If you decide to remain anonymous, maintaining your anonymity will be a priority and every practical precaution will be taken to disguise your identity. If you prefer anonymity, there will not be any identifying information on audiotapes or transcripts of this or any interview. No-one will hear any audiotapes or see any transcripts without your prior consent. All materials generated from this or any interview will remain confidential.

When completed, please return in the envelope provided (if applicable). One copy will be given to the participant and the original to be kept in the file of the research team at:

PLACE:

ENW A CHYFEIRIAD YR YMCHWILYDD

NAME & ADDRESS OF RESEARCHER

Nathan Edwards

3 Bracken Road,
Margam,
Port Talbot,
SA13 2AU.



PRIFYSGOL CYMRU
Y Drindod Dewi Sant
UNIVERSITY OF WALES
Trinity Saint David

Cyfranogwr Rhif Adnabod:
Participant Identification Number:

1701274

FFURFLEN GANIATÂD CYFRANOGIAD

SAMPLE PARTICIPANT INFORMATION SHEET

TEITL Y PROSIECT: / PROJECT TITLE: What are the Barriers and Health Benefits to participation in Disability Sport?

***THIS FORM IS TO BE AMENDED AND ADAPTED AS NECESSARY**

Dear Participant:

My name is Nathan Edwards and I am studying in the School of University of Wales Trinity Saint David.

I would like to invite you to participate in my research project. This project will produce the main barriers to participation in disability sport and aims to use the benefits of participation to increase the participation in sport for someone with a disability.

*Attached to this letter is a short questionnaire developed by Nathan Edwards which will assess the barriers to participation and the health benefits of participating in physical activity. I believe your opinions will be extremely helpful to me.

Through your participation in the questionnaire and/or interviews, I hope to ascertain information on the different types of barriers and benefits to participation in sport from the perspective of someone with a disability.

All questionnaires will be kept strictly confidential to the researchers involved and at **NO** time will individual questionnaires be released to the general public. This gives you a chance to express your views on your programme a confidential and anonymous forum and still be able to make a difference. Your participation in this study is completely voluntary so you can withdraw from the questionnaire at any stage.

Our questionnaire should take about 10 minutes to complete, but there is no time constraint. There are also no right or wrong answers. Attached to this letter along with the questionnaire is consent form which will be signed by the organisation in order to release the information I collect to be used within my research project. As this is a new project, your feedback is also important to us and we

would be much obliged if you could also complete the feedback sheet along with the questionnaire. We understand that your time is at a premium but your opinions are very valuable to us.

After careful and precise analysis of the data obtained from this questionnaire, I will be happy to provide you with a copy of the findings at your request. The results of this questionnaire will hopefully enhance my understanding of the barriers for someone with a disability participating in sport and the benefits of this and will be stored on a password protected file on a USB drive. The results of the research will be fed back to myself and the information will be used within my research project.

We thank you in advance for your time and participation. If any questions do arise, feel free to contact me at your convenience.

ENW A CHYFEIRIAD YR YMCHWILYDD	NAME & ADDRESS OF RESEARCHER
	Nathan Edwards 3 Bracken Road, Margam, Port Talbot, SA13 2AU.