

Participation Consent Form



University of Wales Trinity Saint David (London Campus)
Winchester House, 11 Cranmer Rd,
London SW9 6EJ
Tel: 020 7127 7400

Participant Identification

Number:

PARTICIPATION CONSENT FORM (for researcher to fill)

Project Title:

Telemedicine and its role in improving access to neurological care for elderly people in rural communities.

Name of Researcher:

Nency Rameshbhai Abhangi

Name of Supervisor: Dr. Diola Bijlhout

Email of Researcher: 2222082@student.uwtsd.ac.uk

Aim of Research: The aim of this study is to address the effectiveness of application of telehealth technologies and approaches in helping caring for patients with extreme conditions and in areas with little to no access.

(for participant to fill)

(for participant to fill)				YES	NO
1	I confirm that I have read and understood the information sheet dated 24 th October 2023 for the above study.			yes	
2	I understand there are no material benefits for participating.			yes	
2	I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.			yes	
3	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.			yes	
4	I understand that any information given by me may be used in future reports, articles or presentations by the researcher.			yes	
5	I consent for my name and title to be used within this study.				
	Where applicable, I understand that my details will not be anonymous.			yes	
6	I agree to be recorded (audio and/or audio-visual video).			yes	
7	I agree to take part in the above study.			yes	
Researcher's Name (Print)	Nency R. Abhangi	Signature	Nency	Date	24 th October 2023

Participant's Name (Print)		Signature		Date	
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You may decline to participate in this study. You may end your participation in this study at any time. All data generated from this or any interview will remain confidential. For more information, please view the university's [Research and Data Management Policy](#).

When completed please email a copy to the below address to be kept on the file of the researcher and retain a copy for yourself.

Subject Title: **[NAME OF PARTICIPANT] – Participant Consent Form**

Email: 2222082@student.uwtsd.ac.uk