

Participants Consent Form

Final version 1.6: 26 Apr 2020

Title of Study: The understanding of physical activity in relation to mental health in Further Education and University students

REC ref: 212 1802, FMHS-ResearchEthics@nottingham.ac.uk

Name of Researchers:

Chief investigator: Dr Mary S O'Hanlon, Assistant Professor Sport and Exercise Medicine

Principal Investigators: Mr Ahaan Gupta, Medical Student

Mr Daniel McDonald-Smith, Medical Student

Miss Lara Nassar, Medical Student

Name of Participant:

Please initial box

1. I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without any negative consequences on my course of study.
3. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.
4. I understand that information about me recorded during the study will be made anonymous before it is stored. It will be uploaded into a secure database on a computer kept in a secure place. Data will be kept for 7 years after the study has ended and then destroyed.
5. I understand participation is voluntary and I am free to withdraw at any time, without giving any reason. However, withdrawal of questionnaire data after submission may not be possible as the data will have already been anonymised.
6. **Optional:** I agree that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
7. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

2 copies: 1 for participant, 1 for the project notes.