

Consent Form

Project title: *Insole testing (biomechanics and pain rating)*

Project Supervisor: *Professor Patria Hume*

Researchers: Aaron Jackson, Scott Crawford, Juno Collins, Libby Anderson, Greta Gottschick, Sara Bartolo, Nikki Reynolds, Dr Doug King, Dr Dion Enari

- I have read and understood the information provided about this research project in the Information Sheet dated 7th August 2024.
- I have had an opportunity to ask questions and to have them answered.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I certify that I am in good general health and able to participate.
- I agree to take part in this research.

I wish to receive a summary of the research findings (please tick one): Yes No

I wish to receive my individual results (please tick one): Yes No

Participant's signature:

Participant's name:

Participant's Contact Details (if you wish to have your individual results):

Email:

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Date:

Approved by

Health and Disability Ethics Committee September 2024; HDEC Reference number HDEC #2024 FULL 21021

Note: The Participant should retain a copy of this form.