**Participant consent form**

**Version number & date:** 5, 07/08/2021

**Research ethics approval number**: STEMH 910 Phase 2

**Title of the research project**: The relationship between impairment, functional ability and performance in Para Equestrian Dressage Athletes.

**Name of researcher(s)**: Dr. Sarah Jane Hobbs, Dr. Lindsay St. George, Jill Alexander, Dr. Rachel Stockley, Dr. Clare Thetford, Dr. Jonathan Sinclair, Dr. Jane Williams, Dr. Kathryn Nankervis, Prof. Hilary Clayton.

Please initial box

1. I confirm that I have read and have understood the information sheet dated **07/08/2021** for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that taking part in the study involves collecting biomechanical movement data and photographic/video data during a riding test on a riding simulator and scores from different measures of physical impairment.
3. I DO/DO NOT (please delete as appropriate) consent to the use of photo/video data, where I may be identifiable, being used for scientific or educational purposes/presentations given by any of the researchers without payment or further contact from the researchers, for up to 3 years.
4. I consent to the FEI releasing relevant medical and classification documentation to the researchers and understand that this is to provide details of my medical condition and current classification for clinical impairment measures testing. I am aware that medical information will be used only to ensure that the relevant impairment is tested in accordance with current Classification methods. I am aware that classification data may be used for statistical analyses in this study.
5. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights and standing with the FEI or research team being affected.
6. I understand that the riding simulator and clinical impairment testing requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/or the degree of my impairment will have a negative impact on the accuracy of results from this study, which may impact the development of the Classification system.
7. I understand that I can ask for access to the information I provide, and I can request the destruction of that information if I wish at any time prior to that information being anonymised, which equates to approximately 2 weeks following data collection and that after this time, I will no longer be able to request access to or withdrawal of the information I provide.
8. I understand that signed consent forms, video recordings, movement data, physical impairment test scores and any personal information will be retained in secure, UCLan password-protected servers and/or a secure file sharing server (Microsoft Teams/OneDrive), accessible only to the research team and in line with UCLan’s data protection requirements.
9. I understand that my contact information will be collected when we meet in-person and retained within the Pre-Visit Check form for the purpose of facilitating contact tracing by the NHS, but this information will be destroyed 21 days after our last face-to-face interaction.
10. I understand that there is still a potential increased risk of exposure to COVID-19 by attending face-to-face, despite the mitigating actions detailed in the information sheet [09/09/2020] to reduce the risk.
11. I agree to take part in the above study.

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Participant name Date Signature

**Where the participant information sheet has been read aloud to the participant:** *I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting:*

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Name of person taking consent Date Signature

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The data collected in this study will be published as a report. If you would like to receive a copy, please tell us where to send it.

Name: ………………...................... Email …………………………………….

This information will be removed from the consent form and input into a separate electronic document, stored securely on UCLan password protected servers. The paper tear away will be destroyed immediately by shredding and the electronic document will be destroyed by permanently deleting it from the server once the findings have been disseminated.