# Loughborough University

**Participant ID:**

# [The SMART weight gain prevention study]

## INFORMED CONSENT FORM

## (to be completed after Participant Information Sheet has been read)

|  |  |
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| **Taking Part** | **Please initial to confirm agreement** |
| The purpose and details of this study have been explained to me. I understand that this study is designed to further scientific knowledge and that all procedures have been approved by the Loughborough University Ethics Approvals (Human Participants) Review Sub-Committee. | **----------------------** |
| I have read and understood the information sheet and this consent form. | **----------------------** |
| I have had an opportunity to ask questions about my participation. | **----------------------** |
| I understand that taking part in the project will involve being allocated to one of two groups. | **----------------------** |
| I understand what I will be expected to do if I am allocated to Group 1 or Group 2. | **----------------------** |
| I understand that I may be invited to an interview at the end of the study to share my experiences and agree to take part. | **----------------------** |
| I understand that the personal information collected will be my name, email address, mobile phone number, postcode, height, age and gender. | **----------------------** |
| I understand that sensitive personal information [ethnicity and weight] will be collected during this study. | **----------------------** |
| I understand that I am under no obligation to take part in the study, have the right to withdraw from this study at any stage for any reason, and will not be required to explain my reasons for withdrawing. | **----------------------** |
| **Use of Information** |  |
| I understand that all the personal information I provide will be processed in accordance with data protection legislation on the public task basis and will be treated in strict confidence unless (under the statutory obligations of the agencies which the researchers are working with), it is judged that confidentiality will have to be breached for the safety of the participant or others or for audit by regulatory authorities. | **----------------------** |
| I understand that information I provide will be used for the principal investigator’s doctoral dissertation, journal publications and media promotions about the study. I understand I will not be personally identified in any publication. | **----------------------** |
| I understand that personal information collected about me that can identify me, such as my name or my postcode, will not be shared beyond the study team. | **----------------------** |
| I agree that information I provide can be quoted anonymously in research outputs. | **----------------------** |
| I give permission for the anonymised data I provide to be deposited in the Loughborough University data repository so that it can be made publicly available for future research at the end of the project. | **----------------------** |
| I agree that anonymised data from this study can be used for other, future research projects that may be unrelated to the aims of this study. | **----------------------** |
| **Consent to Participate** |  |
| **I voluntarily agree to take part in this study.** | **----------------------** |

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Name of participant [printed] (Email address) Date

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Researcher [printed] Signature Date