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Consent Form

PRIME-VR2 at UCL: Accessible Virtual Reality for People with Hyperkinetic Movement Disorders

UCL Research Ethics Committee Approval ID Number: 16685/002
YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study:	PRIME-VR2 - Personalised Recovery through a Multi-User Environment: Virtual Reality for Rehabilitation
Department:	Dept. Computer Science, University College London
Name and Contact Details of the Researcher(s):	Research assistant for the PRIME-VR2 project Richard Armstrong-Wood Richard.Armstrong-Wood.17@ucl.ac.uk
Name and Contact Details of the Principal Researcher:	Dr Tim Adlam 07547 676 555 t.adlam@ucl.ac.uk
Name and Contact Details of the UCL Data Protection Officer:	Alex Potts – Data Protection Officer data-protection@ucl.ac.uk

This study has been approved by the UCL Research Ethics Committee: Project ID number: 16685/002

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

ITEM		TICK BOX
1	*I confirm that I have read and understood the Information Sheet for the above study.	
	I have had an opportunity to consider the information and what will be expected of me.	
	I have also had the opportunity to ask questions which have been answered to my satisfaction and would like to take part in (please tick one or more of the following):	
	An individual interview about my activities and opinions on virtual reality.	
	Measurement of my dimensions and forces	
	Measurement of my movements with motion sensors	
	Recording of my movements with a video camera (delete as appropriate YES / NO)	
	3D scanning of my arms and hands	
2	*I understand that I will be able to withdraw my personal data (name, address, telephone number, email address, disability) from the study at any time;	
	And that I will not be able to withdraw my research data from the study once it has been anonymised.	
3	*I consent to participate in the activities and data collection required for the study.	
	I understand that my personal information (name, address, telephone number, email address, disability, measurement data, interview data, observation and 3D scanning data) will be used for the purposes explained to me.	
	I understand that according to data protection legislation, 'public task' will be the lawful basis for processing my personal data	
	I understand that according to data protection legislation, 'research purposes' will be the lawful basis for processing my special category personal data (data about my disability), where the processing is necessary for 'archiving purposes in the public interest, scientific or historical research purposes or statistical purposes'.	
4	Use of the information for this project only	
	* I understand that confidentiality will be maintained as far as possible, unless during our conversation the researcher hears anything which makes them worried that someone might be in danger of harm. They might have to inform relevant agencies of this.	
	I understand that my research data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications or presentations.	
5	*I understand that my information may be subject to review by responsible individuals from the University (to include sponsors and funders) for monitoring and audit purposes.	
6	*I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, without the care I receive or my legal rights being affected.	
	I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted, except where it has been anonymised or unless I agree otherwise.	

7	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
8	I understand the direct/indirect benefits of participating.	
9	I understand that I will receive £30 for my participation in this study to compensate me for my time and travel costs.	
10	I agree that my anonymised research data may be used by others for future research up to 10 years after the end of the project. I understand that no one will be able to identify me when this data is shared.	
11	I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No	
12	I consent to my movements being video recorded and understand that the recordings will be:	
	<ul style="list-style-type: none"> a) Stored anonymously, using password-protected software and will be used for specific research purposes. b) I will not be able to be identified from the recorded video. 	
	Note: If you do not want your movements to be video recorded you can still take part in the study.	
13	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
14	I hereby confirm that:	
	<ul style="list-style-type: none"> a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and b) I do not fall under the exclusion criteria. 	
15	I agree that my GP may be contacted if any unexpected results are found in relation to my health. If this happens I will be given a sealed letter to give to my GP that explains the researchers concerns..	
16	I am aware of who I should contact if I wish to lodge a complaint.	
17	I voluntarily agree to take part in this study.	
18	Use of information for this project and beyond	
	I would be happy for the data I provide to be archived at UCL.	
	I understand that other authenticated researchers will have access to my anonymised data.	
	I understand that my personal data (name, address, email address, telephone, and disability) will be deleted at the end of the project in October 2022.	
19	Overseas Transfer of Data	
	I understand that my anonymised research data will be transferred to European Union project partners and the following safeguards will be put in place:	
	My personal data (name, address telephone number, email address, disability) will remain with UCL until the end of the project and will not be transferred .	
	My research data (interview, measurement, video and photographs, 3D scanning) will be anonymised so that I cannot be identified from it, and will be transferred to the PRIME-VR2 European Union project partners only for the purposes of the PRIME-VR2 project.	

If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.

<input type="checkbox"/>	Yes, I would be happy to be contacted in this way	<input type="checkbox"/>
<input type="checkbox"/>	No, I would not like to be contacted	<input type="checkbox"/>

Name of participant

Date

Signature

Researcher

Date

Signature