# Consent Form

*Project title:* **How can we improve our testing for shoulder joint pain?**

*Project Supervisor:* ***Dr Steve White***

*Researcher:* ***Monique Baigent***

⭘ I have read and understood the information provided about this research project in the Information Sheet dated 28/09/2020.

⭘ I have been given an opportunity to ask questions and to have them answered.

⭘ I understand that notes will be taken during the assessment and this data will be stored on the lead researcher’s password protected computer.

⭘ I understand that taking part in this study is my choice and that I may leave the study at any time without being disadvantaged in any way.

⭘ I understand that if I leave the study then I will be offered the choice of having data 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 agree to take part in this research.

⭘ I consent for my de-identified data from this study to be used in future studies

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

⭘ For Maaori patients: I would like to be part of a group korero following the study (please tick one): Yes⭘ No⭘

Participant signature: .....................................................…………………………………………………………

Participant name: .....................................................…………………………………………………………

Participant Contact Details :

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Date:

***Approved by the Health and Disability Ethics Committee on type the date on which the final approval was granted HDEC Reference number type the HDEC reference number***

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