



RaCeR 2 – Rehabilitation following Rotator Cuff Repair	
CONSENT FORM	
Local Researcher (PI):	
Participant ID:	

Please sign your initials in each box below to indicate your agreement:

- I confirm that I have read or have had read to me, the patient information leaflet (v2.1 05/Apr/2023) for the RaCeR 2 study, including information about the team recording our conversations. I have had the opportunity to think about the study, ask questions and have had these answered to my satisfaction.

Consent for audio-recording study discussions (Quintet Recruitment Intervention – QRI)

The following section includes details of the audio recording of the conversations you have with the research team. *Staff to tick here if this is not applicable:* ☐

- I consent to the recording of discussions with me about the RaCeR 2 study and that these recordings will be written up by the study team or their authorised representatives.

Yes ☐ No ☐

If you say no, you can move to the next page and ignore the following two points.

- I understand the recording of these discussions is voluntary and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
- I understand that the recordings and write ups, may be used to support training, teaching or be shared with other researchers but I will not be identifiable from these.

Name of Participant

Signature

Date (DD/MMM/YYYY)

Consent taken in person ☐ Remotely ☐ Consent taken verbally ☐

I am confirming that if consent is taken remotely, I will ensure a signed copy is sent to the participant.

When completed: 1 for participant; 1 for researcher site file; 1 to be kept in medical notes.

RaCeR 2 Consent Form v2.1 05/APR/2023  
(IRAS ID: 318438)





Name of PersonSignature

Date (DD/MMM/YYYY)

seeking consent

Consent for RaCeR 2 study participation

If you do not wish to take part, you can ignore this page.

- I understand that my participation in the RaCeR 2 study is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

☐
- I understand that relevant sections of my medical notes and data collected, may be looked at by authorised members of the research team from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records, which includes identifiable information about me.

☐
- I understand that the information held and maintained by Derby Clinical Trials Support Unit may be used to contact me about completing the questionnaires required for the study.

☐
- I agree to my GP being informed of my participation in the RaCeR 2 study.

Yes☐

No☐
- I would like to receive updates throughout the study, including the results

☐
- I consent to take part in the RaCeR 2 Study

☐

Name of ParticipantSignatureDate (DD/MMM/YYYY)

Consent taken in person ☐ remotely ☐  
Consent taken verbally ☐

I am confirming that if consent is taken remotely, I will ensure a signed copy is sent to the participant.



Name of Person  
seeking consent

Signature

Date (DD/MMM/YYYY)