***Participant Consent Form – Patients***

IRAS ID: 349304

Centre Number:

Study Number:

Participant Identification Number for this trial:

**CONSENT FORM**

**Title of Project: Development of a toolkit to improve support for physical activity promotion in General Practice. Improving Support for PA promotion in General Practice (ISPA-GP)**

**Name of Researcher: Dr Rosina Cross**

**Please initial box**

1. I confirm that I have read the information sheet dated 31.10.2024 (Version 1.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time  
   without giving any reason, without my legal rights being affected.
3. I understand that the information collected about me will be used to support  
   other research in the future and may be shared anonymously with other researchers.
4. I understand that the information held and maintained by The University of Exeter Medical

School may be used to help contact me or provide information about my health status.

1. I understand that the interview will be audio and video recorded and give my consent for researchers to do so
2. I understand that interview data collected during this study will be transcribed by the

Study team or a professional transcription company who will sign a non-disclosure

agreement (NDA) prior to commencing any work.

1. I agree to take part in the above study.

**Optional**

1. I agree to have my contact information kept securely on file after the end of the study,

so, I can be notified of future studies for which I may be eligible

Name of Participant Date Signature

Name of Person seeking consent Date Signature

When completed: 1 for participant; 1 for researcher site file.