

TRUST LOGO (if applicable), or a placeholder, 'local logo/letterhead'



Chief Investigator: Professor Karen Barker Principal Investigator: <<PI name here>> <<Local hospital address here>>

Study code		Site code		Participant number		
OPT						

CONSENT FORM – Main study

OsteoPorosis Tailored exercise adherence INtervention (Opt-In)

If you agree, please initial each box

1.	1. I confirm that I have read the information sheet dated (version) for this 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 medical care or legal rights being affected.						
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University of Oxford, from regulatory authorities and from the NHS Trust(s), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.							
4.	I agree to my General Practitioner being informed of my participation in the study.						
5.	5. I understand I may be contacted for the option to participate in qualitative interview or focus group related to the study.						
6.	6. I agree to take part in this study.						
Name of Participant		Date	Signature				
Name of Person taking Consent		Date	Signature				

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v1.0 / 21MAY2021

IRAS Project number: 287716

REC Reference number: 21/WS/0071

^{*1} copy for participant; 1 copy for local researcher site file; 1 (original) to be kept in medical notes (if participant is a patient).