

## Consent Form

<b>Study Title</b>	Neuromuscular and structural tendon adaptations after 6-weeks of either concentric or eccentric exercise in individuals with non-insertional Achilles tendinopathy		
<b>Participant Name:</b>		<b>Date:</b>	
<b>Researcher Name:</b>		<b>Ethics Number:</b>	

This information is being collected as part of a research project, which investigates the relationship between the neuromuscular control of the calf muscles and some characteristics of these muscles and the Achilles tendon in individuals with and without Achilles tendinopathy.

The research will be conducted at the School of Sport, Exercise and Rehabilitation Sciences at the University of Birmingham. The information that you supply and that which may be collected as part of the research project will be entered into a filing system or database and will only be accessed by authorised personnel involved in the project. The information will be retained by the University of Birmingham and will only be used for the purpose of research, and statistical and audit purposes. By supplying this information, you are consenting to the University storing your information for the purposes stated above. The information will be processed by the University of Birmingham in accordance with the provisions of the Data Protection Act 2018. No identifiable personal data will be published.

**This section to be completed by the participant:**

**Please initial the boxes at the end of each statement if you agree with it.**

- |   |                          |
|---|--------------------------|
| 1. I confirm that I have read and understood the Participant Information Sheet for the above study. I have had the opportunity to ask questions and these have all been answered satisfactorily   | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, up to two weeks after my last visit to the lab.   | <input type="checkbox"/> |
| 3. I agree to the storage and use of my data for the purposes of this research study.   | <input type="checkbox"/> |
| 4. I confirm that I have read and understand the paragraph relating to COVID-19 related risks in the participant information leaflet for this study and will abide by the measures put in place by the University of Birmingham. I have had the opportunity to ask questions if necessary and have had these answered satisfactorily. | <input type="checkbox"/> |
| 5. Based on the above, I agree to take part in this research study.   | <input type="checkbox"/> |

Signed:

Name in capitals:

Date:

**This section to be completed by the researcher**

I certify that this participant has read, properly completed and signed the screening and consent forms, witnessed by myself:

Signed:

Date:

*By supplying this information you are consenting to the University storing your information for the purposes of the stated research study. The information will be processed by the University of Birmingham in accordance with the provisions of the Data Protection Act 2018. No identifiable personal data will be published*