

Study title: BrainWaveBank usability for young adult patients [UHR/ARMS]

**CONSENT FORM**

**Focus group evaluation of the BrainWaveBank platform for  
heathy young adult users**

Name: .....

Address: .....

Date of birth: ..... Gender: .....

Email: .....

Telephone: .....

Participant ID (research use only): .....

GP name: .....

GP address: .....

.....

.....

GP Telephone: .....

*Initial*

1. I agree to participate in this research of my own free will. ....
  
2. I have read and understand the participant information sheet regarding the  
current study .....
  
3. I understand that I am being asked to participate in a focus  
group to give feedback on a new system for monitoring cognitive health. ....
  
4. I have had the opportunity to ask any questions about the study. ....
  
5. I realise that I may withdraw from the study at any time, without  
having to give a reason and without suffering any adverse consequences. ....
  
6. I am aware that while I can withdraw from the study at any time,  
BrainWaveBank will not be able to remove my data from focus group  
recordings. ....
  
7. I understand that all personal information provided by myself  
will remain confidential and no information that identifies me  
will be made public. ....
  
8. I consent to my anonymised data being shared with third parties  
(e.g. other academic/research institutions or medical companies) inside  
and outside the EU who work on similar research. ....

9. I consent to my anonymised quotations being used in any subsequent publications  
or presentations. ....

10. I would be interested in being contacted about future studies of a similar  
nature. ....

11. I understand that I am not obliged to take part in this study or any  
potential future studies. ....

Signed: ..... Date: .....

*(by participant)*

Print name: .....

Signed: ..... Date: .....

*(on behalf of researchers)*

Print Name: .....

If you have any questions about the research, please contact the research team below to discuss your participation:

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