

Consent to provide and share personal data relating to Research

Name:		DoB:
Address:		
Telephone number:		Email
Treating Therapists (if applicable):		

By signing this form you or your legal representative (e.g. parent / guardian, lasting power of attorney) are confirming that you have read this Privacy Notice and that you are consenting to Hobbs Rehabilitation/The MiNT Academy holding and processing your personal data for the following purposes.

If you do grant consent, please note you can withdraw your consent to all or any one of the purposes at any time by contacting your treating therapist at Hobbs Rehabilitation. All processing of your personal data will cease once you have withdrawn consent but this will not affect any personal data that has already been processed prior to this point.

I grant consent for Hobbs/The MiNT Academy:

- To contact me about participation in research study / studies. YES/NO
- For my details to be added to the Research database. YES/NO

Diagnosis:	STROKE / TBI / SCI / MS / PD OTHER (PLEASE STATE):
UL function: (please elaborate if needed)	SHOULDER ACTIVITY: YES / NO ELBOW ACTIVITY: YES / NO HAND ACTIVITY: YES / NO SENSATION: YES / NO
Transfer ability:	HOIST / PIVOT / STAND AND STEP / INDEP OTHER:
Mobility:	WHEELCHAIR / WALKS <10M / WALKS INDEP>10M ASSISTANCE REQUIRED: YES / NO AIDS/SPLINTS:
Cognitive issues:	YES/NO
Speech issues:	YES/NO
Visual issues:	YES/NO

SIGNATURE:

PRINT NAME:

DATE: