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Study Code: *Site ID Code:* *Participant identification number:*

REGAINING CAPACITY- PARTICIPANT CONSENT FORM

Study Title: The National Young Stroke Study (NYSS)

Name of Researcher: *If you agree, please initial the box*

1. I confirm that I have read the regaining capacity-participant information sheet dated 05/12/2023 (version 1.0) 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 understand that the information held and maintained by NHS England / NHS Central Register may be used to help contact me or provide information about my health status.	
5. I agree to continue to take part in this study.	

Name of Participant	*Date*	*Signature*
Name of Person taking Consent	*Date*	*Signature*

When completed: 1 for participant; 1 for researcher site file (original); 1 to be kept in medical notes