

TRAINEE CONSENT FORM

Objective assessment of laparoscopic rectal cancer trainee performance

Please initial all boxes

1. I confirm that I have been given the participant information sheet dated 01.04.19 (v1.0) for the study. I have had the opportunity to read and 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.
3. I understand that I will not be identified in any reports or publications resulting from this study.
4. I agree to complete a trainee GAS and L-TMEpt form after all eligible cases and ensure my trainer is informed of the study and also completes the trainer forms.
5. I understand that participation has no influence on my training and the assessment results will not be used outside of this research.
6. I confirm I understand and will comply with the rules regarding payments for taking part in this research.

Name of Participant

Date

Signature

Please complete the following information and return to nathancurtis@doctors.org.uk

Country: UK / Australia / NZ / US.

Training year: UK ST____, ANZTBCRS Year 1 / 2, US PGY_____

Training centre(s) between Oct 19 - Sep 20 _____

Expected completion of training date _____

How many supervised or independent laparoscopic cases have you performed?

- Anterior resections: Supervised _____ Independent _____
- APER: Supervised _____ Independent _____

I wish to be listed as a PubMed citable collaborative author on this study: Yes / No

Email address _____

Office use only: Selected for participation Yes / No Date _____

Allocated unique ID _____