**Stakeholders - Confirmation of participation**

**Full contact details for any additional Principal Investigators, Co-investigators, Public or Patient Contributors and signed declaration confirming their agreement to their participation** (*please replicate as necessary*)**:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Surname | | |  |
| Post Held |  | | | | | | |
| Department |  | | | | | | |
| Institution |  | | | | | | |
| Address |  | | | | | | |
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|  | | | | | | |
| Email |  | | | | | | |
| Telephone No. |  | | | | Mobile No. |  | |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position held in organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_