**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 |  |
|  |
|  |
|  |
|  |
| Email |  |
| Telephone No. |  | Mobile No. |  |

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

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

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

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