**Declaration**

I (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_undertake the following:

* I will explain the process to each wheelchair user and get their consent to use their information in the case study submission.
* I will not reveal any of the user's personal information, other than their relevant medical history and diagnoses, as well as body measurements. Any action taken to the contrary may result in automatic failure.
* I will block out the user’s face on all photographs.
* I will at all times treat the users with dignity and respect and will not harm them.
* I will delete user photographs from my personal devices and accounts (phones, cameras, emails, etc.) when no longer needed.
* I will not use these photographs for any other purpose than has been indicated to the wheelchair user.
* I will ensure that the user is referred for follow-up services.
* I acknowledge that I did not have clinical support or guidance to submit the case studies.