



Care Home Manager – Consent Form

Care Home Activity Providers facilitating Public Involvement in research

Please initial the
box if you agree

Care Home ID number: _____

1. I confirm that I have read the information sheet (Version 1.6 dated 03/08/2023) for the above study.
2. I have been able to ask questions about the study, and my questions have been answered in a way that I understand and am satisfied with.
3. I understand that it is my choice if the care home that I manage takes part in the study.
4. I understand that I can decide for the care home to be withdrawn from the study at any time, without giving any reason.
5. I understand that the personal data of residents and staff who participate in the study will be stored securely and only accessed by members of the research team.
6. I agree for the care home that I manage to take part in the study.

Name of care home manager: _____ (print name)

Signed: _____ Date: _____

Name of researcher: _____ (print name)

Signed: _____ Date: _____

Please sign 2 copies. One copy is for the consultee and one copy for the researcher.