



Friend or relative consent form

Care Home Activity Providers facilitating Public Involvement in research

Participant ID number: _____ **Please initial
the box if you**

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 whether I take part in the study.
4. I understand that I can decide to stop taking part at any time, without giving any reason.
5. I agree that an audio recording may be made of my interview and understand that it will be stored securely and destroyed at the end of the study.
6. I understand that anonymised quotes from the interview may be used in future publications.
7. I understand my personal data will be stored securely and only accessed by members of the research team.
8. I agree to take part in the study.

Name of resident: _____ (print name)

Signed: _____ Date: _____

Name of researcher: _____ (print name)

Signed: _____ Date: _____

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