



## Nominated Consultee declaration form

Care Home Activity Providers facilitating Public Involvement in research

Please initial the  
box if you agree

Participant 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 participation of the person (about whom I am giving advice) is voluntary.
4. I understand that I can advise that the person should be withdrawn at any time, without giving any reason, and my request will be respected.
5. I advise that \_\_\_\_\_ would in my view agree to an audio recording of interviews.
6. I advise that \_\_\_\_\_ would in my view agree to video recordings of observations.
7. I understand that the person's personal data will be stored securely and only accessed by members of the research team.
8. I advise that \_\_\_\_\_ would in my view want to take part in the above study if they could decide.

Name of consultee : \_\_\_\_\_ (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.*