**Confidential Pilot study consent form**

**Title of research project: IntegrAAL**

**Names of researchers: Dorset County Council and IntegrAAL**

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| |  |  |  |  | | --- | --- | --- | --- | |  | **Please Tick:** |  | **What this means** | | 1. | I confirm that I have read and understand the participant information sheet (see attached) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  | I have read about the project . I have talked to the Researcher and I felt comfortable asking questions. I have been able to talk to other people who help me about this. I understand the information. | | 2. | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason |  | I do not have to take part.  I can change my mind at any time and stop the project. I do not have to say why. If I leave the project my other services will not be affected. | | 3. | I understand that relevant sections of my notes and data collected during the study, may be looked at by individuals from Nourishcare or from Dorset County Council or from the NHS. I give permission for these individuals to have access to my records collected by the project. |  | People in the project may look at some of the information collected about me as part of the research. This includes some people from the NHS, Dorset County Council and the company Nourishcare. I give my permission for them to look at the information. | | 4. | I understand that any ideas expressed during the project will become the property of the IntegrAAL project |  | The ideas and opinions I speak or write about in the project will be owned by the IntegrAAL project. | | 5. | I understand that any material gathered from the pilot study may be used by Dorset County Council for to inform other improvement projects.  I give my permission for the researchers to use suitably anonymised verbatim quotations from the project which I am taking part |  | Some of my information from this project may be used for training or in other projects, this will not be changed in any way and it will not include my name or identify me. I give my permission for this to be shared. | | 6. | I agree to take part in the above study. |  |  | |  |  |

Name of participant:

Signature: Date: