



## CONSENT FORM - OBSERVATION

Title of Project: **Improving patient experience project**

NHS REC Committee and reference number:

Staff Identification number for this study:

Name of Researchers: [to be confirmed]

Please initial boxes to confirm agreement:

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment or legal rights being affected.

I agree to be observed participating in meetings relating to the above project and that these meetings may be video-recorded

I understand that my comments (or part of them) may be used in different formats such as video, paper and/or electronic to share with others. This will include other carers and health professionals for the purposes of this research and for educational purposes in the future.

I understand that parts of my comments may be extracted and may appear anonymously in written form. The meaning of my comments will not be changed.

I understand that data collected during the study may be looked at by authorized individuals from the University of Oxford where it is relevant to my taking part in this research

I agree to take part in the above study.



\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person  
taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

When completed, 1 for research subject; 1 for researcher site file notes