

# Enhancing Safe Practice at the Interface between Hospital Services and Children's Social Care



## Consent Form

	Please initial box.
1. I confirm I have read and understand the information sheet (dated 29/02/2012) for the above study and have had the opportunity to ask questions.	
2. I understand that my participation is voluntary and I am free to withdraw my consent at any time.	
3. I understand that I will not be identified in any of the data collected and my confidentiality will be respected	
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from [company name], from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
5. I agree that the interview be audio-recorded and transcribed	
6. I agree that the transcribed data will be archived under the conditions outlined in the Information Sheet	
7. I agree that anonymous extracts from my interview may be used in publications arising from the study	
8. I agree to take part in the study	

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature