

Life Story Research Consent Form

Please tick the boxes and sign at the end			Yes	No
I have read the information leaflet and had time to think about it				
I know I do not have to take part in this research if I do not want to				
I have asked all the questions I want to and understand the answers				
I agree to take part in thi	s research			
I agree to let the researchers have information from my care records				
I know that the University of York will keep the information from this research for five years after the project ends				
I know I can change my mind and stop taking part at any time and this will not affect the care I receive in any way				
Name	 Date	Signature		-
Researcher name	 Date	Signature		-
If verbal or non-verbal consent i	s being witnessed, the	person witnessing should sign l	nere:	
Witness name	Signature	Date	Date	
Relationship of witness to person	consenting (e.g. relative/r	nember of staff)		_
Means of communication (verbal/r	ion-verbal - please specif	y)		

This research is being conducted by the Social Policy Research Unit, University of York. It has been approved by the Social Care Research Ethics Committee for England. For more information please contact Kate Gridley on 01904 321988 kate.gridley@york.ac.uk