



# Life Story Research Consent Form

<b>Please tick the boxes and sign at the end</b>	 <b>Yes</b>	 <b>No</b>
I have read the information leaflet and had time to think about it	<input type="checkbox"/>	<input type="checkbox"/>
I know I do not have to take part in this research if I do not want to	<input type="checkbox"/>	<input type="checkbox"/>
I have asked all the questions I want to and understand the answers	<input type="checkbox"/>	<input type="checkbox"/>
<b>I agree to take part in this research</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I would be happy to be contacted about taking part in an interview towards the end of the study</b> (Please note that you are free to decide not to do the interview when we re-contact you)	<input type="checkbox"/>	<input type="checkbox"/>
I know that the University of York will keep the information from this research for five years after the project ends	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**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](mailto:kate.gridley@york.ac.uk)**