



**Life Stories Research
Record of Consultation for Consultees**

Name of individual: _____ Study Site _____

Please tick the boxes and sign at the end	 Yes	 No
I have been consulted about the above named individual's participation in this research. I confirm that I have read and understood the Information Leaflet for Consultees and have had the opportunity to ask questions. I understand what is involved.		
In my opinion the individual named above would have no objection to taking part in the above study.		
I understand that their participation is voluntary and that I am free to withdraw them at any time, without giving any reason, without their care or legal rights being affected.		
I understand that they will be asked to answer some questions but that if they are unable to do this, I or another carer, will be asked to answer these questions as a proxy.		
I understand that information may be collected from their care records and given to researchers, where this is relevant to their taking part in this research, for example what medication they take and what health services they have used.		
I understand that all information will be used anonymously, that information will remain confidential and only be used for research.		

Name of Personal Consultee

Date

Signature

Relationship to individual

Date

Signature

Name of researcher

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 at the Social Policy Research Unit on 01904 321988 kate.gridley@york.ac.uk