

Office use only



Measuring and Improving Care Home Quality

Care Home Staff Consent Form

Consent form for _____ (Your name)

	Yes	No
I understand that it is up to me whether I take part in the study. I will talk to my line manager if I have an objection to taking part. I understand that this will in no way affect my conditions of employment.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that it is up to me whether I take part in the study. I can change my mind and withdraw at any time without giving a reason.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that all the information collected will be kept confidential and that my name will never be used in anything that is written about the study.	<input type="checkbox"/>	<input type="checkbox"/>
I can ask to see or have read to me what has been written down about me before it is used.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that the information that is collected about me will be used for research purposes and potentially shared with other researchers but that my name will not be shared	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the study.	<input type="checkbox"/>	<input type="checkbox"/>

Signed (Participant) _____

Date _____

Signed (Witness) _____

Date _____

If you have any questions about the study and you would like to speak to a member of the research team at PSSRU you can contact [Research team contact details here]