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**CLUSTER RANDOMISED CONTROLLED TRIAL OF AN OCCUPATIONAL
THERAPY INTERVENTION FOR RESIDENTS WITH STROKE IN UK CARE-
HOMES (ACRONYM - OTCH).**

Care Home:

GP Practice:

Name of Researcher: Professor Catherine Sackley

I (Consultee
name) _____

of (Address):

agree to the participation of (Participant's name)

of (Address): _____ into the OTCH Trial

Please initial box to indicate agreement

- 1 I the above named consultee have been consulted about the above named participant's participation in this research project. I have read and understand the consultee information sheet dated 4th September 2010, version 3.0 for the above study. I have had the opportunity to ask questions about the study and understand what is involved.

- 2 In my opinion he/she would have no objection to taking part in the above study.

- 3 I understand that I can request he/she is withdrawn from the study at any time, without giving any reason and without his/her care or legal rights being affected.

- 4 I understand that relevant sections of his/her care record, medical notes and data collected during the study may be looked at by responsible individuals from the OTCH coordinating centre, from regulatory authorities or from the NHS Trust, where it is relevant to their taking part in this research. I agree these individuals can have access to the above named participant's records.

5 I agree to their GP or other care professional being informed of their participation in the study.



Name of Consultee

Date

Signature

Please indicate if personal
consultee
or
nominated consultee

Relationship to patient: _____

Signature

Name of person taking consent

Date

(Original to be kept in care home records; 1 copy for patient; one copy for researcher site file)