

Participant Study Number: *Office use only*

Participant initials:

PURAF PRE-TEST NURSE PARTICIPANT CONSENT FORM



PURPOSE

Pressure UlceR Programme Of ReSEarch

The Pressure Ulcer Risk Assessment Framework (PURAF) Pre-Test Study

The participant should complete the whole of this sheet himself/herself

	Please confirm the statements by putting your initials in the box below
I confirm that I have read and understand the information sheet dated (insert date of SHREC approval and information sheet version number) for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily.	
I agree to allow any information or results arising from the study to be used for training and developing new research.	
I understand that my focus group and interview data may be looked at by responsible individuals from the study office where it is relevant to my taking part in the study. I give permission for these individuals to have access to my information and data.	
I consent to the storage including electronic, of personal information (name, contact details and place of work) which will be used by the researcher for ongoing contact with me for the purposes of this study only. I understand that my completed interview and focus group data will remain anonymous.	
I consent to being audio-taped in the focus group meeting or one-to-one meeting.	
I agree to take part in this study	
Participant Name: Participant Signature: Date:	

Thank you for agreeing to take part in this study.