[Delete this line, then print on Trust headed paper]

WITNESSED CONSENT FORM

PURPOSE

Pressure UlceR Programme Of ReSEarch

Pressure Ulcer Risk Assessment Framework (PURAF) Field Test 1

Witness initial after each question on behalf of patient

1. I confirm that I have read and understand the information sheet dated 23.05.2012 (version 2) for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily. .....

2. I understand that my participation is voluntary and that I am free to withdraw at any time without my medical care or legal rights being affected. .....

3. I understand that if I withdraw from the above study, the data already collected from me will be used in analysing the results of the study unless I specifically withdraw consent for this. .....

4. I understand that relevant sections of my healthcare records and data collected during the study may be looked at by individuals from the NHS Trust and the University of Leeds, where it is relevant to my study participation. I give permission for these individuals to have access to my records. .....

5. I consent to the storage including paper and electronic, of personal information for the purposes of this study. I understand that any information that could identify me will be kept confidential and that no personal information that could identify me will be included in the study report or other publication. This information will be confidentially destroyed at the end of the study. .....

6. I understand that information and results arising from this study may be used to .....

develop new research.

7. I understand that a copy of this consent form will be passed to the Clinical Trials Research Unit, University of Leeds. .....

8. I understand that my GP and hospital consultant (where applicable) will be notified of my participation in this study. .....

9. I agree to take part in the study. .....

_____

Name of Patient

Witness statement

I have completed this consent form on behalf of the person named above who has freely given their consent to participate.

_____ _____ _____

Name of Witness Date Signature

Research person taking Consent

I have given written information and a verbal explanation to the person named above who has freely given their consent to participate.

_____ _____ _____

Name of Person taking consent Date Signature

(1 copy for patient; 1 for patient records; 1 copy to CTRU; original stored in Investigator Site File)