**STEADY TOGETHER**

**Consultee Declaration Form**

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| ERGO ref. number: | 25364 |
| Chief Investigator: | Dr Helen Roberts |
| Principal Investigator: | Dr Charlotte Owen |

We feel your relative/friend is unable to decide for himself/herself whether to participate in this research.

To help decide if he/she should join the study, we would like to ask your opinion as to whether or not they would want to be involved. We ask you to consider what you know of their wishes and feelings, and to consider their interests. Please let us know of any advance decisions they may have made about participating in research. These should take precedence.

If you decide your relative/friend would have no objection to taking part, we will ask you to read and sign a Consultee declaration to document your opinion as to how your relative would have chosen to participate in the study. We will then give you a copy to keep. We will keep you fully informed during the study so you can let us know if you have any concerns or you think your relative/friend should be withdrawn.

If you decide that your friend/relative would not wish to take part, it will not affect the standard of care they receive in any way.

If you are unsure about taking the role of a Consultee, you may seek independent advice. We will understand if you do not want to take on this responsibility.

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| 1. | I …………………………………………………………………….(NAME OF CONSULTEE) have been consulted about the participation  of ……………….……………………………………………..(NAME OF PARTICIPANT) in this research project. I have read and understand the information sheet version 2 dated 03.03.17 for the above study and have been given a copy to keep. I have been able to ask questions about the study and I understand why the research is being done. I have been informed about any risks or inconveniences involved and the conditions under which the study is to be conducted. | |  | | --- | |  | |

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| 2. | I understand that I can request that he/she is withdrawn from the study at any time without giving any reason . I understand that if I request that he/she is withdrawn from the research study for any reason, that data collected up to their withdrawal will be used. | |  | | --- | |  | |
| 3. | In my opinion he/ she would have no objection to participating in the interview that will be audio-recorded with a digital audio-recorder. | |  | | --- | |  | |
| 4. | I understand that the audio-recordings will be transcribed into a word document, and that the original audio-recordings will be destroyed once they have been transcribed. I understand that the confidentiality of my friend/ relative as a participant in this study will remain secure and that the transcript of the interview will not contain their name or identifiable information. I understand that data will be stored anonymously and that any published quotations or extracts from the research will maintain their confidentiality. In my opinion he/she would have no objection to their data being used in this way. | |  | | --- | |  | |
| 5. | I understand that the data collected may be used to support research in the future, and that his/her data may be shared anonymously with other researchers. In my opinion he/she would have no objection to their data being used in this way. | |  | | --- | |  | |
| 6 | I agree that my relative/ friend would have no objections to participating in this research study. | |  | | --- | |  | |

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Name of consultee Signature Date

Relationship to participant………………………………………………………………………………………………

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Researcher Signature Date

Original form to be kept for the site file/researcher, with one copy for the consultee