**CONSENT FORM**

**Study title**: Investigation of the use and acceptability of digital remote monitoring for older people living in the community.

**Chief Investigator**: Dr Nicola Andrews

**ERGO number**: 71011 **IRAS number**: 311512

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| **Please initial the boxes if you agree with the statement(s):** | e.g. JS |
| I have read and understood the information provided in the information sheet (dated 12 May 2022, version 2). I have had a chance to ask questions about the study. |  |
| I understand that I do not have to take part and I may withdraw for any reason without my care or legal rights being affected. I understand that it may not be possible to fully withdraw my data once analysis has started. |  |
| I agree to take part in an audio-recorded interview. I understand that the recording will be typed up as text (transcribed) by a third-party, university-approved transcriber and then destroyed. |  |
| I understand that information about my health and ethnicity (special category data) will be collected about me to achieve the aims of the study. |  |
| I understand that personal information collected about me such as my name or where I live will not be shared beyond the research team. |  |
| I understand that I may be quoted in reports of the research but that I will not be directly identified (e.g., that my name will not be used). |  |
| I give permission for the anonymised transcript of my interview to be placed in the University data repository. I understand this is so it can be used for future research and learning, as outlined in the information sheet. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |

Name of participant (print name)……………………………………………………..…………

Signature of participant……………………………………………………………………………

Date………………………………………………………………….…………….……….………….

Name of researcher (print name)………………………………………………………..………

Signature of researcher……………………………………………………………………………

Date…………………………………………………………………………………………….………

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| **Optional - please only initial these boxes if you wish to agree:** |  |
| I give permission for the researcher to contact my domiciliary care provider and/or my community nursing team to recruit staff members to the study. I understand that this will mean that the team managers and staff members who participate will know that I am taking part in the study. |  |
| I give permission for the research team to retain my name and contact details until the end of the study as I wish to receive the study report. |  |

When completed: copy sent to participant; original to be scanned & destroyed, digital copy retained by research team