**Consent Form**

# Study title: Safer and more efficient vital signs monitoring to identify the deteriorating patient

## Study Ward:

## Researcher name:

## NRES: This project was approved by South Central – Berkshire Research Ethics Committee (reference: 19/SC/0190)

## Participant Identification Number:

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet (*insert date /version no. of participant information sheet*) and have had the opportunity to ask questions about the study. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |
| I understand my participation is voluntary and I may withdraw at any time for any reason without my participation rights being affected. |  |
| I agree to FOBS prospective observations of nursing staff on the ward that I am managing. I understand that on communication with the observer my nursing staff may opt out at any time.  |  |
| I understand that neither I, nor my ward staff, nor ward willbe directly identified in any reports of the research. |  |

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

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

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

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

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

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