

**National Dental Epidemiology Programme**

**Oral health survey of adults aged 65 years and older living in care homes, 2024 to 2025.**

**Agreement to participate**

1. I confirm I have read the survey information sheet, I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

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

3. I understand this agreement form and any identifiable information will be treated in strict confidence by the survey team.

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|  | **Please tick which applies** |
| I agree to take part in a questionnaire as part of this survey. |  |
| I DO NOT agree to take part in a questionnaire as part of this survey. |  |
| I agree to take part in a dental examination of my teeth and dentures (where applicable) as part of this survey. |  |
| I DO NOT agree to take part in a dental examination of my teeth and dentures (where applicable) as part of this survey. |  |

Resident’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident’s date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person collecting agreement to participate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person collecting agreement to participate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signatures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Care home postcode