

Insert Council Logo

## **Caring for Others**

**CONSENT FORM**

Consent form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information from this survey will be used to:

* See how happy people are with their care and support services.
* Assess people’s experiences of local care services.

|  |  |  |
| --- | --- | --- |
| I understand that: | **Yes** | **No** |
| I can change my mind and withdraw my consent at any time. |  |  |
| If I decide not to take part it will not affect any support I am currently receiving, or services the person I look after or help is currently receiving. |  |  |
| All the information collected will be kept private, unless I indicate that my health and safety is at risk or that I am experiencing a serious issue with any aspect of the services I receive. |  |  |
| My name will never be used in anything that is written about the study. |  |  |
| I can ask to see or have read to me what is recorded on the questionnaire form before it is used. |  |  |
| If the interviewer becomes concerned about my health and safety, they will discuss this with me before proceeding with the interview. |  |  |
| [REMOVE THIS SECTION IF NOT INTENDING TO RECORD THE INTERVIEW]  The interview will be recorded. |  |  |
| I confirm I have been given and understand the information in the interview script (04/06/2025 v1)  I agree to take part in this survey |  |  |
|  |  |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If someone is signing on behalf of the person responding to the survey, please enter their details below:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to person named on form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact for the survey:**

[Contact name, email address, postal address and phone number]