

**CONSENT FORM for Dentists**

**CARING Study: Person-centred co-ordinated CARe for older people livING in carehomes. How should the dentist be involved?**

Name of Researcher: **Rebecca Wassall**

Please **INITIAL**

I have read information sheet version 3, dated 12/08/15 giving details of this study. I have been given a copy to keep and had opportunity to ask questions

I understand that my participation is voluntary and can withdraw consent at any time without giving a reason and without my medical care or legal rights being affected.

I give permission for information about me to be held by Newcastle University. I understand that records will be confidential and will be stored securely of systems within the University

I understand that participation involves an interview with the researcher lasting approximately 1 hour and this will be audio-recorded and handwritten notes taken.

I understand anonymous extracts from the interviews may be used in disseminating the project findings

I understand that if I tell you something that suggests that someone is at risk, you will inform the appropriate person, according to local safeguarding guidelines

Name of Participant Signature Date

Name of Researcher Signature Date

Please **CIRCLE**

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| --- | --- | --- |
| At the end of the study I am happy to be contacted by the researcher to invite me to a 1 day workshop event. | Yes | No |