Pressure Ulcer Prevention at Home

UNIVERSITY OF LEEDS

Pressure Ulcer Prevention at Home Study

Professional Stakeholder and Systems Mapping Consent Form

Participant Study Number: *Office use only*	Participant initials:

Ethical approval has been granted by the University of Leeds, School of Medicine Research Ethics Committee (SoMREC 21-069).

Indicate with your initials which part of the study you want to participate in, this can be one or both elements below:

Professional Stakeholder Group: ☐

Systems Mapping Group ☐

The participant should complete the whole of this sheet himself/herself	**Please add your initials**
I confirm that I have read and understand the information sheet (11/01/2023, version 3) for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. Data collected prior to withdrawal will be used in the final study analysis.	
I consent to the storage including electronic, of personal information (name and contact details) which will be used by the research team for ongoing contact with me for the purposes of this study only and if I wish to be provided with a summary of the study results.	
I consent to for the group meeting to be audio-recorded and for my recordings to be securely transferred to a third-party service for transcription (to be written up).	
I agree to allow any anonymised information or results arising from the study to be shared with other research teams and used for training and future research.	
I understand that my study records may be looked at by authorised individuals from the research team including regulatory bodies or Sponsor in order to check that the study is being carried out correctly. I give permission for these individuals to have access to my records.	

I understand that my study data including anonymised transcripts and non-anonymised data (e.g. recordings of transcripts) will be looked at by other members of the research group (service users, carers, personal assistant and researchers) for the analysis of the study.	
I understand that anonymised information gathered during the study including direct quotes may appear in presentations, publications and reports relating to the study. I understand I can choose to be acknowledged in presentations, publications and reports relating to the study.	
I wish to be provided with a summary of the results of the study and agree to inform the researcher should my contact details change.	
I agree to a copy of this Consent Form (or audio recording of), containing my name, to be sent to the Clinical Trial Research Unit.	
I agree to take part in this study.	
I wish to be added to the mailing list to be kept informed about this study and future research studies.	

Participant Signature:……..

Name (Block Capitals):…….…….. **Date**:……

Researcher
I have explained the study to the above person and he/she has indicated his/her willingness to participate.

Researcher Signature:…….

Name (Block Capitals):…….…….. **Date**:……

Thank you for agreeing to take part in this study.
(1 copy for participant; 1 for the CTRU)