Template: Patient Consent Form

***Department of** ....(insert relevant logo's)*

I, ……………………………………………………………………………….

Consent to participate in interprofessional education in the community	Yes	No
I have received information about education in the community	❑	❑
I agree to hold a small group interview with students in my home, or another agreed, place for one hour	❑	❑
I know that students will be provided with written information about my past health records, shared with me, before my interview	❑	❑
I am happy to talk with the students about my health problems and the role of health and community staff involved in my care	❑	❑
I am aware that students will talk about the care I have received with the main workers involved in my care	❑	❑
I am aware that my case will be discuss anonymously in a feedback presentation session	❑	❑
I am aware that all information will be treated strictly confidentially and is not allowed to be removed from the education/medical centre	❑	❑
I understand that written information will be stored in accordance with the data protection act		
I agree to participate in the education programme in the community	❑	❑
I am aware that I can withdraw from the programme at any time and I know whom to inform to do so	❑	❑
I know how to contact my tutor if I have any queries or concerns	❑	❑

Patient Signature………………………………………………………………

Patient name (please PRINT)…………………………………………………..

Tutors Signature……………………………………………………………….

Date:

For Office Use Only

D.O.B. ……………………………………………………………………………….

N.I. No: ……………………………………………………………………...

Address: