

Mental Health Interprofessional (IPE) Event Sample Consent Form

Consent to participate in medical and social care education in the community

	Yes	No
<i>I have received information about medical and social care education in the community</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I agree to hold a small group interview with students in my home or another agreed place for one hour</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I know that students will be provided with written information about my past health records, shared with me, before my interview</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>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>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I am happy for the students to talk to my main carer if that individual is available</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I am aware that students will talk about the care I have received with the main workers involved in my care</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I am aware that my case will be discussed anonymously in a feedback presentation session</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I am aware that all information will be treated strictly confidentially and medical records are not allowed to be removed from the medical centre</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I understand that written information will be stored in accordance with the data protection act</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I agree to participate in medical and social care education in the community</i>	<input type="checkbox"/>	<input type="checkbox"/>

I am aware that I can withdraw from the programme at any time and I know whom to inform to do so

Yes **No**

I know how to contact the tutor if I have any queries or concerns

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 provide written feedback to the GP about my care and suggestions for future management

I am aware that I may be contacted by Lucy Thorpe (Regional Evaluator for inter-professional education), from the University of Leicester regarding possible involvement in research

Patient Signature.....

Patient name (please PRINT).....

Date:

Tutor Signature.....

Tutor name (please PRINT).....

Date:

For Office Use Only

D.O.B.

National Insurance number.....

Address:

Is a cheque acceptable for payment?

Contract to participate in medical and social care education in the community

Patient Contract to the University	University / Trust Contract to the Patient
<p style="text-align: center;">I (<i>the patient</i>) agree to:</p> <ul style="list-style-type: none"> • Host an interview with health and social care students • Sign a consent form • Be available on the date and time agreed with the tutor • Be in a stated venue or at home for the interview • Respond to the student questions, as I feel able • I am aware that I do not have to divulge personal details • To inform the tutor if there are any concerns about the interview • Where possible let the administrator know if I can no longer keep this agreement • I know how to withdraw from the programme <p style="margin-top: 20px;">Date</p> <p style="margin-top: 20px;">Signature</p>	<p style="text-align: center;">We (<i>the University and PCT</i>) agree to:</p> <ul style="list-style-type: none"> • Support you in your teaching role • Identify suitable times and dates convenient to you for the interview • Enable you to write the students' brief • Ask you to identify the agencies that will be interviewed • Confirm to you how your confidentiality will be maintained • Ensure students do not have access to your professional records • Provide you with an information leaflet on the course • Brief agencies about not divulging your personal confidences • Where possible, provide access to the students, at the end of the course, to thank you and inform you about what they have learnt • Ensure you understand how to exit the course at any time should you so wish <p style="margin-top: 20px;">Date</p> <p style="margin-top: 20px;">Signature</p>