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

I have received information about medical and social care education in the community  
☐ Yes ☐ No

I agree to hold a small group interview with students in my home or another agreed place for one hour  
☐ Yes ☐ No

I know that students will be provided with written information about my past health records, shared with me, before my interview  
☐ Yes ☐ No

I am happy to talk with the students about my health problems and the role of health and community staff involved in my care  
☐ Yes ☐ No

I am happy for the students to talk to my main carer if that individual is available  
☐ Yes ☐ No

I am aware that students will talk about the care I have received with the main workers involved in my care  
☐ Yes ☐ No

I am aware that my case will be discussed anonymously in a feedback presentation session  
☐ Yes ☐ No

I am aware that all information will be treated strictly confidentially and medical records are not allowed to be removed from the medical centre  
☐ Yes ☐ No

I understand that written information will be stored in accordance with the data protection act  
☐ Yes ☐ No

I agree to participate in medical and social care education in the community  
☐ Yes ☐ No
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

<table>
<thead>
<tr>
<th>Patient Contract to the University</th>
<th>University / Trust Contract to the Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I (the patient) agree to:</strong></td>
<td><strong>We (the University and PCT) agree to:</strong></td>
</tr>
<tr>
<td>• Host an interview with health and social care students</td>
<td>• Support you in your teaching role</td>
</tr>
<tr>
<td>• Sign a consent form</td>
<td>• Identify suitable times and dates convenient to you for the interview</td>
</tr>
<tr>
<td>• Be available on the date and time agreed with the tutor</td>
<td>• Enable you to write the students’ brief</td>
</tr>
<tr>
<td>• Be in a stated venue or at home for the interview</td>
<td>• Ask you to identify the agencies that will be interviewed</td>
</tr>
<tr>
<td>• Respond to the student questions, as I feel able</td>
<td>• Confirm to you how your confidentiality will be maintained</td>
</tr>
<tr>
<td>• I am aware that I do not have to divulge personal details</td>
<td>• Ensure students do not have access to your professional records</td>
</tr>
<tr>
<td>• To inform the tutor if there are any concerns about the interview</td>
<td>• Provide you with an information leaflet on the course</td>
</tr>
<tr>
<td>• Where possible let the administrator know if I can no longer keep this agreement</td>
<td>• Brief agencies about not divulging your personal confidences</td>
</tr>
<tr>
<td>• I know how to withdraw from the programme</td>
<td>• Where possible, provide access to the students, at the end of the course, to thank you and inform you about what they have learnt</td>
</tr>
</tbody>
</table>

| Date ........................................... |
| Signature ..................................... |

| Date ........................................... |
| Signature ..................................... |