# **SUPPLEMENTARY MATERIAL 4: Consent Forms**

**Patient Consent Form**

**Study Title**: Optimum Hospice at Home Services for End of Life Care (OPEL-HAH Project)

**Please initial boxes**

**Please initial boxes**

**Please initial boxes**

Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1 | I confirm that I have read and understood the study information sheet, Version 1, dated April 2017. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary. |  |
| 3 | I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act. |  |
| 4 | I understand that my information may be subject to review by responsible individuals from the University of Kent or from regulatory authorities for monitoring and audit purposes where it is relevant to the research. |  |
| 5 | I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. |  |
| 6 | I agree that the research team may use my anonymised data for future research. |  |
| 7 | I understand that I am free to withdraw from the study at any time, without having to give a reason for withdrawing and without my medical care or legal rights being affected. |  |
| 8 | I agree to take part in the study |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (Print) Date Signature

Person explaining the research project and taking consent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Date Signature

Tick here if participant has given consent but is physically unable to sign and has requested a witness.

I witness that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has agreed to participate in this research study. I confirm that I have initialled the consent statements as per their wishes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness (Print) Date Signature

**Carer Consent Form**

**Study Title**: Optimum Hospice at Home Services for End of Life Care (OPEL-HAH Project)

Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial boxes**

**Please initial boxes**

**Please initial boxes**

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| --- | --- | --- |
| 1 | I confirm that I have read and understood the study information sheet, Version 2, dated Oct 2017. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary. |  |
| 3 | I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act. |  |
| 4 | I understand that my information may be subject to review by responsible individuals from the University of Kent or from regulatory authorities for monitoring and audit purposes where it is relevant to the research. |  |
| 5 | I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. |  |
| 6 | I agree that the research team may use my anonymised data for future research. |  |
| 7 | I understand that I am free to withdraw from the study at any time, without having to give a reason for withdrawing and without the medical care of the person I am caring for or my legal rights being affected. |  |
| 8 | I agree to take part in the study |  |
| 9 | I agree that the research team may contact me in the future to collect further information for this study. |  |

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Name of Participant (Print) Date Signature

Person explaining the research project:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Date Signature

**Consultee Declaraton Form**

**Study Title**: Optimum Hospice at Home Services for End of Life Care (OPEL-HAH Project)

**Please initial boxes**

**Please initial boxes**

**Please initial boxes**

Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1 | I confirm that I have read and understood the study information sheet, Version 1, dated April 2017. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my advice is voluntary and that I am free to change my mind at any time, without giving any reason, without the medical care or legal rights of *[insert full participant name]* being affected in any way. |  |
| 3 | I consent to the processing of *[insert full participant name]* personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act. |  |
| 4 | I understand that *[insert full participant name]* information may be subject to review by responsible individuals from the University of Kent or from regulatory authorities for monitoring and audit purposes where it is relevant to the research. I agree that these individuals may have access to this person’s records. |  |
| 5 | I understand that confidentiality and anonymity will be maintained and it will not be possible to identify  *[insert full participant name]* in any publications. |  |
| 6 | I agree that the research team may use  *[insert full participant name]* anonymised data for future research. |  |
| 7 | In my opinion *[insert full participant name]* would have no objection to taking part in the above study. |  |

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Name of Consultee (Print) Date Signature

Name of person seeking advice on research participation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Date Signature

**Service Provider/Commissioner Consent Form**

**Study Title**: Optimum Hospice at Home Services for End of Life Care (OPEL-HAH Project)

Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( for researcher use only)

**Please initial boxes**

**Please initial boxes**

**Please initial boxes**

|  |  |  |
| --- | --- | --- |
| 1 | I confirm that I have read and understood the study information sheet, Version 1, dated April 2017. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time. |  |
| 3 | I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act. |  |
| 4 | I understand that my information may be subject to review by responsible individuals from the University of Kent or from regulatory authorities for monitoring and audit purposes where it is relevant to the research. |  |
| 5 | I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. |  |
| 6 | I agree that the research team may use my anonymised data for future research. |  |
| 7 | I understand that by participating in an interview, I am consenting to have my comments recorded. |  |
| 8 | I agree to take part in the study |  |

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Name of Participant (Print) Date Signature

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Researchers Name (Print) Date Signature