**Consultee Consent form**

**Dementia and Cognitive Impairment in the Prison Population of England and Wales.**

**Consultee Declaration Form**

Name of Researcher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial box**

I [*name of consultee*] have been consulted about [*name of potential participant*]’s

participation in this research project. I have had the opportunity to ask questions

about the study and understand what is involved.

In my opinion he/she would have no objection to taking part in the above study.

I understand that I can request he/she is withdrawn from the study at any time,

without giving any reason and without his/her care or legal rights being affected.

I understand that relevant sections of his/her care record and data collected during the study

may be looked at by responsible individuals from The University of Manchester, from regulatory authorities or from the NHS Trust, to make sure the study is being carried out as planned.

I agree to the prison healthcare manager being informed of their participation in the study.

Name of Consultee Date Signature

Relationship to participant:

Person undertaking consultation (if different from researcher):

Name Date Signature

Researcher Date Signature

*When completed: 1 (original) copy to be kept in care record, 1 for consultee; 1 for researcher site file*