

Participant Study Number: <i>Office use only</i>	Participant initials:
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PU-MDS NOMINAL GROUP PARTICIPANT CONSENT FORM



PURPOSE

Pressure UlceR Programme Of ReSEarch

The Development of a Pressure Ulcer Minimum Dataset (PUMDS) and Pressure Ulcer Risk Assessment Framework (PURAF) Study

The participant should complete the whole of this sheet himself/herself

	Please confirm the statements by putting your initials in the box below
I confirm that I have read and understand the information sheet dated (insert date of SHREC approval and information sheet version number) for the above study. I have had the opportunity to ask questions and have had these answered satisfactorily.	
I agree to allow any information or results arising from the study to be used for training and developing new research.	
I understand that my questionnaire data may be looked at by responsible individuals from the study office where it is relevant to my taking part in the study. I give permission for these individuals to have access to my information and questionnaire data.	
I consent to the storage including electronic, of personal information (name, contact details and place of work) which will be used by the researcher for on-going contact with me for the purposes of this study only. I understand that my completed questionnaire data will remain anonymous.	
I consent to being audio-taped in nominal group meetings.	
I agree to take part in this study	
Participant Name: _____ Participant Electronic Signature: _____ Date: _____	

Thank you for agreeing to take part in this study.