

*Trial of welfare advice for older general practice patients
(the Do-Well study)*

Informed Consent form

Participant Study number: _____

Participant Date of Birth (dd/mm/yy): _____

Name of GP: _____

Address of GP: _____

Chief Investigator: [REDACTED]

Please initial each box below to confirm you have read it and agree:

I confirm that I have read and understood the information sheet version 2.0 dated November 2011 about the research and have had sufficient time to think about it. The aim of the study and the procedures required have been explained to me by the Researcher and I have had the opportunity to ask questions about the study.

I consent to taking part in the trial of welfare advice for older general practice patients (the Do-Well study). I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and that this will not affect my medical or social care in any way.

I understand that I will receive a private consultation with a Welfare Rights Advisor from my local Social Services. I understand that half of the people who take part in the study will receive this consultation straight away and the other half will receive it around 24 months later. The group I am in will be decided by chance. I understand that I am free to seek welfare advice independently at any time.

I understand that information collected by the Welfare Rights Advisor will be used in the research, but will remain completely confidential.

- I understand that I will not be identified by name in any reports or publications, and that any information relating to me will be kept confidentially.
- I understand that the anonymous data collected during the study, may be looked at by responsible individuals from the study team or from North Tyneside PCT where it is relevant to me taking part in this research. I give permission for these individuals to have these data
- I am happy to be approached about taking part in an in-depth interview with a member of the research team, which may be audio recorded.
- I am happy for a member of the research team to contact me in the future to see if I would like to take part in further research. This will be fully explained to me at the time and I understand that I do not have to take part if I do not wish to do so
- I am happy for a member of the research team to contact my GP in the future to confirm my contact details

Print Name of Participant

Signature of Participant
Participant

Date signed by

Print Name of Researcher

Signature of Researcher

Date signed by Researcher