

## Consent form





This consent form tells us if you are happy to take part in the project.

The form will be saved on our computer system to prove that you said you were happy to take part.

We will make sure the information you give us is kept safe. We will keep this for as long as the project runs.

You can read more about this here:  
<https://www.healthwatchdarlington.co.uk/privacy>

		Yes	No
<p>The leaflet 'Growing Older Planning Ahead' explains how Healthwatch speaks up for people who use health and care services. It mentions finding out what people like about services and what could be made better, asking questions about life now and when getting older, and helping the NHS and other services decide how to help you as you get older. Next to it is a photo of a man in a suit waving.</p>	I have been given information about the project. I have had a chance to ask questions and my questions have been answered.		
<p>A photo of three people (two women and one man) sitting in a row. Above them are speech bubbles. The first two are empty, and the third one contains a red 'X'.</p>	I am happy to take part in this project. I know that I do not have to answer all the questions if I do not want to. I know that I can say I do not want to take part anymore.		
<p>The NHS Healthwatch Darlington logo is shown above a photo of three people: one standing, one using a walker, and one sitting.</p>	I know that what I say will be used for the Growing Older Planning Ahead Report.		

		Yes	No
	<p>I am happy for you to share the information I tell you, if you do not tell anyone who I am. I know that any information that tells people who I am, like my name or where I live, will not be given to anyone outside the project team.</p>		
	<p>I am happy for the information that I give to be kept and used again in the future without using my name.</p>		
<b>Demographic Data</b> - this means more information about me.			
Age			
Ethnicity			
Gender			
Disability			
Name of Participant [IN CAPITALS] Verbal confirmation Signature Date Name of Researcher Signature Date			