

The Healthwatch Bristol Adult Social Care Project Consent Form



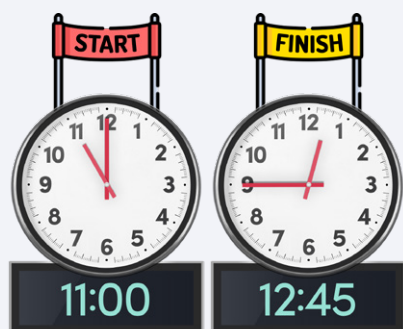
The Healthwatch Bristol Adult Social Care Project



**Thank you for agreeing to take part in
focus group discussions organised by
Healthwatch Bristol.**



**These are on the 16th May and the
23rd May 2023.**



**Both sessions will start at 11 a.m
and finish at 12.45 p.m**

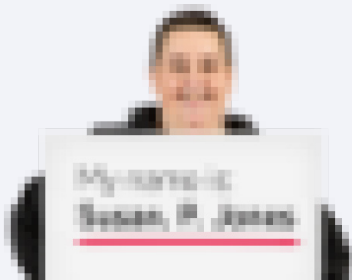


We will be taking notes and recording what people say.



Keeping things private

The personal experiences you talk about are private and Healthwatch Bristol will keep them confidential.



This means that the information we share with adult social services will not have any of your personal information.



Personal information



We will make sure that no one can know who you are from what you say in the group.



Honest

This means that you can be honest about what you want to say.



You can feel safe and comfortable when you are talking about your experiences.

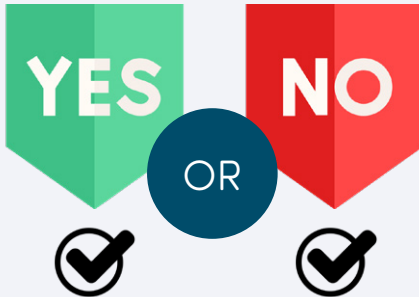


We will explain what the project is about.



Questions

You can ask us any questions about the project.

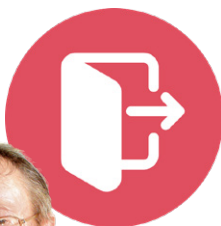
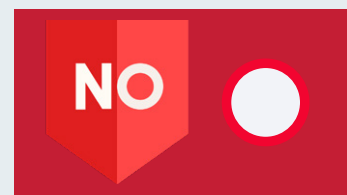


Consent form

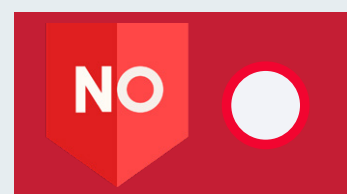
Please tick yes or no to each statement.



I confirm that I have read and understood
The Healthwatch Adult Social Care Project
Information Leaflet and have had the
opportunity to ask any questions



I understand that taking part is voluntary
and that I am free to leave at any time
without giving a reason





Personal information

kept



I understand that all the personal information I give will be kept confidential and that I cannot be identified in any reports

YES



NO



my information



I understand that I have the right to not have my information used in the project and that I can let Healthwatch know up to 5 days after taking part in the groups

YES



NO



I agree to notes being taken and audio recording/video recording of the focus group about what I am saying as part of the project

YES



NO





AGREE



I agree to take part in the Healthwatch Adult Social Care project

YES



NO



healthwatch
Bristol

I agree that Anna King from Healthwatch can contact me by telephone after the focus group to follow up on my comments.

YES



NO



Personal information

I understand that my personal information, such as my name or where I live, will not be shared beyond the project team.

YES



NO





Personal information



2023

2026

I understand that Healthwatch will keep my personal information from this project for 3 years

YES



NO



healthwatch
Bristol



I agree that Healthwatch can contact me in the future about other projects

YES



NO



Questions about you



What is your name?



Please write your signature below:



What is your e-mail address?

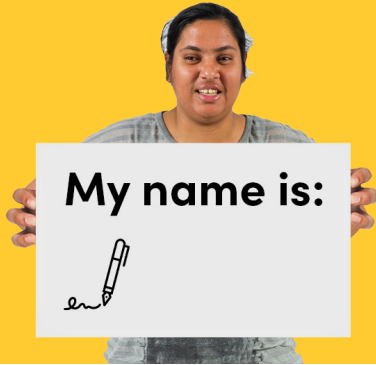


What is your phone number?



What is today's date?

Following boxes to be filled in by Project



Name of Project Officer

healthwatch
The Healthwatch Bristol
Adult Social Care Project
Information Leaflet



**I confirm that all the information about
this project was provided before I gave
my consent**



Signature of Project Officer



Today's date

**A co-production group worked together
to make this easy-read document**



Online:
thinklusive.org



e-mail:
hello@thinklusive.org



LinkedIn

**PHOTO
SYMBOLS**

Licence
Number
2904013701175



