Document 6

CHARMER
COMPREHENSIVE GERIATRICIAN-LED MEDICATION REVIEW

NHS Trust Header

Practitioner - CONSENT FORM
(Version 1.0, 28/02/2022)

Title of Study: CHARMER WP3

Comprehensive Geriatrician led Medication Review

Chief Investigator:

Principal Investigator: <insert name and site>

Name of Participant:

Please initial box

1. I confirm that I have read and understand the information sheet version number 1, dated 28/02/2022 for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. If I do withdraw, I understand that any data collected may continue to be used. ☐
3. I agree to receive CHARMER training and following this training to deliver the CHARMER intervention as described in the CHARMER Intervention Guide. ☐
4. I agree to facilitate CHARMER research processes within the hospital. ☐
5. I agree data collected in the study, may be looked at by authorised individuals from the research team, Sponsor, regulatory authorities, or from the NHS Trust. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
6. I agree to my contact details and a copy of this consent form being held securely and confidentially by CHARMER coordinating centre/Norwich Clinical Trials Unit. ☐
7. OPTIONAL: I am happy to be contacted about participating in a research interview which is part of this study. ☐
8. OPTIONAL: I understand that my research interview will be recorded. For interviews held via Zoom or Skype this recording will include audio as well as visual recording of my participation in the interview. ☐
9. I give permission for direct quotations to be used in the study report, research publications, conference proceedings and other academic outputs. I understand that quotes will be anonymised and I will not be identifiable in any way. ☐
10. I understand that a CHARMER research team member will observe some of the implementation events for the intervention and will make notes during these observations. I understand that my personal details will be kept confidential ☐

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Document 6

11. I agree that my research data may be used for future ethically approved research.

12. I would like to receive information about the study results ☐

13. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

3 copies:
1 for participant, 1 for location file (original) and 1 for Norwich CTU Trial Office