

INFORMED CONSENT DECLARATION FORM

N.B Patient/Client/Carer/Colleague/Staff column should be completed by using a code e.g. Client A/Patient A. Client B etc in order to preserve anonymity and confidentiality

Patient/ Client/Carer/ Colleague/ Staff	Module Title	Academic Support Teacher	Informed Consent Gained	Practice/ Mentor/ Supervisor Name	Practice/ Mentor/ Supervisor Signature	Student Signature	Date
			Yes / No				
			Yes / No				
			Yes / No				
			Yes / No				
			Yes / No				
			Yes / No				
			Yes / No				
			Yes / No				

A copy of this MUST accompany each piece of work that you submit to the Training Centre

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Guidance on completion

Patient/ Client/Carer/ Colleague/ Staff	Module Title	Academic Support Teacher	Informed Consent Gained	Practice/ Mentor/ Supervisor Name	Practice/ Mentor/ Supervisor Signature	Student Signature	Date
Patient A	Insert in here the title of the course that you are doing	You should leave this column blank	The answer here should invariably be "Yes"	If you do not have a named mentor, leave this column blank	If you do not have a named mentor, leave this column blank	Your own signature	Insert the date that you signed this row
Colleague A							