

School of Health & Social Care

CONFIDENTIALITY AND INFORMED CONSENT STUDENT DECLARATION FORM

I,CONFIRM THAT I HAVE RECEIVED AND READ THE INFORMATION ON CONFIDENTIALITY AND INFORMED CONSENT.

I UNDERSTAND THE IMPORTANCE OF MAINTAINING CONFIDENTIALITY AND GAINING INFORMED CONSENT.

I ALSO UNDERSTAND THAT ANY BREACH OF CONFIDENTIALITY AND FAILURE TO GAIN INFORMED CONSENT FROM CLIENTS / PATIENTS / CARERS / FAMILIES / COLLEAGUES, IN ANY WORKPLACE SETTING, WILL BE DEEMED TO BE UNPROFESSIONAL CONDUCT AND MAY RESULT IN THE SCHOOL OF HEALTH & SOCIAL CARE PROFESSIONAL MISCONDUCT AND PROFESSIONAL UNSUITABILITY PROCEDURE BEING INVOKED.

I ALSO UNDERSTAND THAT ANY WRITTEN WORK THAT FAILS TO MAINTAIN ANONYMITY OF INDIVIDUALS AND WORKPLACE AND DOES NOT INCLUDE AN INFORMED CONSENT FORM WILL BE REFERRED AND WILL RECEIVE A MARK OF 'O'.

Student Signature.....Date.....

Name of Module/Programme.....

