

## 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**

# INFORMED CONSENT DECLARATION FORM

## Guidance on completion

<b>Patient/ Client/Carer/ Colleague/ Staff</b>	<b>Module Title</b>	<b>Academic Support Teacher</b>	<b>Informed Consent Gained</b>	<b>Practice/ Mentor/ Supervisor Name</b>	<b>Practice/ Mentor/ Supervisor Signature</b>	<b>Student Signature</b>	<b>Date</b>
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"	Name of person in practice who has witnessed you asking consent from the patient	Signature of this person	Your own signature	Insert the date that you signed this row
Colleague A							

