

Implementation of Frailty Care Bundle (FCB) for older people in acute care settings: an implementation science study

Consent Form for Patients

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Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet, please ask the researcher before you decide whether to join in.

I confirm that I understand that by ticking/initialling each box I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

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1. I confirm that I have read and understood the information sheet dated [v1.3 12/10/2019] for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. Furthermore, I understand that I will be able to withdraw my data up to the 01 Jan 2021. After this point, it will not be possible to identify individual data and it cannot be withdrawn. ☐
3. I confirm I have given permission to the research team to contact me by telephone at 4 weeks following my discharge from hospital. ☐
4. I consent to the processing of my information, including information collected from the accelerometer (worn for up to 7 days) to measure walking distance and my medical records, for the purposes explained to me. ☐
5. I understand that such information will be handled in accordance with the terms of the Data Protection Act 2018 and as outlined in the Data Protection Notice in the Patient Information Leaflet. ☐
6. I understand that my information may be subject to review by responsible individuals from the ethics committee or UCC for monitoring and audit purposes. ☐
7. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications. However, I understand that in the event of significant risk to myself or others confidentiality may have to be breached ☐

8. I agree that the research team may store and use my de-identified data for future research for up to five years. Data would not be identifiable in any report.

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9. I understand that the information I have submitted will be published as a report

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10. I understand that I must not take part if I fall under the exclusion criteria as detailed in the information sheet and explained to me by the researcher.

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11. I have informed the researcher of any other research in which I am currently involved or have been involved in during the past 12 months

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STORAGE AND FUTURE USE OF INFORMATION		
I give permission for material/data to be stored for <u>possible future research related</u> to the current study <u>without further consent being required</u> but only if the research is approved by a Research Ethics Committee.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Participant

Date

Signature

Name of Researcher

Date

Signature