



Participant Agreement Form (ICTs/OPMH teams)

Implementing Nutrition Screening in Community Care for Older People (INSCCOPE) – process evaluation

Professor Jane Murphy (Principal Investigator)

PID	
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**Please Initial
or
Tick Here**

I have read and understood the participant information sheet (V7 – 03/04/2017) for the above research project.	
I confirm that I have had the opportunity to ask questions.	
I understand that my participation is voluntary.	
I understand that I am free to withdraw up to the point where the data are processed and become anonymous, so my identity cannot be determined.	
During the tasks (e.g. completing the survey, or participating in interviews), I am free to withdraw without giving reason and without there being any negative consequences.	
Should I not wish to answer any particular question(s), complete a test or give a sample, I am free to decline.	
I give permission for members of the research team to use my identifiable information for the purposes of this research project.	
I understand that taking part in the research will include being recorded (audio).	
I agree to take part in the above research project.	

Name of Participant Date Signature

Name of Researcher Date Signature

This form should be signed and dated by all parties after the participant receives a copy of the participant information sheet and any other written information provided to the participants. A copy of the signed and dated participant agreement form should be kept with the project's main documents which must be kept in a secure location.