

Appendix 22.

Expert Patient
Programme
Toolkit

Expert Patient/Carer Consent Form

Medical student teaching session

Derbyshire Healthcare NHS Foundation Trust requires written consent from any service users taking part in a teaching session for the medical students from the BMed Sci Department of the University of Nottingham.

Patient Name:

BLOCK CAPITALS

Please can you provide us with up to date contact details:

Address:

DOB:

CONSULTANT/ GP:

Please initial each box and sign below to indicate you have read and certify that:

I understand that any details relating to my condition will remain confidential

I agree to my details being held on a database appropriately registered under the Data Protection Act, 1998, for the purposes of education and training

I understand that, subject to the laws around confidentiality, there may be occasions where, if I am unwell in any way, the education team may feel it necessary to contact others on my behalf, and in my best interests, in accordance with their duty of care.

The activities above have been fully explained to me and I have understood the explanation

I am willing to take part in the activities above

I understand that I am able to decline to take part at any stage, without any effect on the standard of care and treatment I receive

I have read and understood the payment fact sheet

Patient signature:

Date:

Information given by:

Date: