

Appendix 4: Consultee Consenting Form

ACIECH

-- Name of Care Home-

Can weekly music sessions provided for people with dementia
(and their carers) benefit health and wellbeing?

PARTICIPANT IDENTIFICATION NUMBER:

CARE HOME No/ _____

CONSULTEE AGREEMENT FORM

[in accordance with section 32, Mental Capacity Act (2005)]

NAME OF RESEARCHERS: ?????

Please initial box

1.	I confirm that I have read the information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
----	---	--

2.	I understand that this person's participation is voluntary and that I am free to advise of their withdrawal from the study at any time without giving any reason, without my medical care or legal rights being affected.	
----	---	--

3.	Any quotations used in the study reporting will be anonymised and no personal data will form part of the study report.	
----	--	--

4.	I understand that this person's participation in three of the music sessions will be observed by the arts researcher and information will be documented about each session for the purposes of the study. Again there will be nothing recorded that will identify them personally.	
----	--	--

5.	I agree for this person to take part in the above study.	
----	--	--

Name of participant:

Name of consultee:

Date: **Consultee Signature:**

Name of person taking consent:

Date: **Signature:**