



Getting your views on respite services in Ireland - consent checklist



This is a consent form for adults taking part in the research on respite services.

Please read the information leaflet about the project.



If you want, you can ask someone to read the leaflet and checklist with you.

Look at each sentence on the checklist and answer yes or no.



Then, make your decision. If you decide to take part, please sign the consent form at the end of this checklist.

It should be your choice if you want to take part in the research or not.

		 Yes	 No
	<p>I have been given information about the research to help me make a choice about taking part.</p> <p>I can understand this information.</p>		
	<p>I know it is my choice to take part in the research or not.</p> <p>I have had time to make up my mind.</p>		
	<p>I know the research is about respite services in Ireland.</p> <p>I understand that I will be asked questions about my respite service.</p>		

		 Yes	 No
	I know it is okay to say 'no' to taking part.		
	I know that I can change my mind about taking part in the research at any time.		
	I know the researchers will write down and record what I say.		

		 Yes	 No
	<p>I know I can leave the interview or talking group at any time.</p> <p>I know I can ask for a break anytime.</p>		
	<p>I know there will be a report at the end of the research.</p>		
	<p>I understand that some of what I say may be used in the report.</p> <p>I know my name will not be used.</p>		

		 Yes	 No
	<p>I know that all research data must be kept safely and in line with the law.</p>		
	<p>I know that if something I say makes the researcher worried that people are not safe, they may have to tell someone who can help.</p>		
	<p>I have had the chance to ask questions about the project.</p> <p>All my questions have been answered.</p>		



Getting your views on respite services

Consent Form



I would like to take part in the research on respite services in Ireland.



Yes



No



Name of person taking part:



Date:



Name of researcher:



Date:



Name of supporter:

(if person needs to give consent by proxy or gives consent non-verbally and a witness is required)



Date: