

CONSENT TO CONTACT FORM FOR RESEARCH

Please complete this form if you are happy for the Research & Innovation team at Shropshire Community Health NHS Trust (SCHT) to contact you to discuss your participation in research.

Research participation may involve completing a questionnaire, or taking part in a clinical trial.

**Please initial
the box**

1. I agree that the SCHT Research & Innovation team can contact me to discuss my participation in Research, using my contact details below ☐
2. I understand that personal contact details below will be stored securely, in line with the Data Protection Act and General Data Protection Regulations. ☐

Full Name of participant: _____

Signature: _____

Date: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Preferred Time to be contacted: Morning Afternoon Evening (please circle)

Preferred Method of contact: Home Mobile Email (please circle)

Now tear off this section of the form, and return to the member of the public

I agree that the Shropshire Community Health NHS Trust (SCHT) Research & Innovation team can contact me to discuss my participation in research. Participation is voluntary, and I can withdraw my interest at any time. If I withdraw my interest, and decide not to take part, the Research & Innovation team will destroy any copies of my personal details, and my clinical care will not be affected in any way.

Name:

Signature:

Date:

The SCHT Research & Innovation team can be contacted on: 07788917111