

Consent Form - Walking You Home, CIC



Details of Person(s) being cared for

Name(s)

Address

Postcode

Phone number(s)

Address where Care to be provided if different from above

Walking You Home is providing the services of *Walking You Home* to you, the person or people named above.

How will my information be used?

The purpose for holding information is to be able to provide the appropriate service effectively, ensure timely communication with family members if agreed by you, provide relevant details to other services with your agreement. eg medical staff, funeral director, solicitor.

Information that you provide to me will be recorded and stored securely. I understand that some information may be sensitive and I will keep your information confidential and use it only for the purposes detailed. The only exception to this is if you tell me anything indicating that someone might be in danger; then I have a responsibility to act on that information but I would not do this without telling you and including you in the process wherever possible. Where this is not possible, I will speak to your nominated family member.

Consent

I/We have read the information above and have had an opportunity to ask questions about *Walking You Home* and how my/our information will be used. I/We understand the purpose of *Walking You Home* and what my/our participation involves.

[Either] I hereby agree to receive the services offered and for the information I provide to be shared with appropriate agencies. I understand that I need to inform the other members of my family that I have given consent and that they will be informed should I be unable to give consent myself.



[Or] We hereby agree to receive the services offered. We agree that information about the family member receiving palliative/end-of-life care can be shared with appropriate agencies and we understand that we can provide or withhold consent should _____ be unable to give consent themselves.

I/We understand that anonymised information/research about me/us may be published by Rev Leti Hawthorn which may be published online and that published material from this service may be used and distributed for training, research, and for service design and development. We agree that we should be shown such documentation prior to publication.

I/We know that my/our participation is by mutual agreement and that I/we can choose to withdraw at any point.

Name of person being cared for: _____ (print)

Signed: _____

Family member name: _____ (print)

Signed: _____

Family member name: _____ (print)

Signed: _____

Family member name: _____ (print)

Signed: _____

Service provider: Reverend Leti Hawthorn

Signed: _____

Date: _____