**PLORAS Declaration Form (for Consultees)**

**Version: 8.1 | Date: 20.06.2024**

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| --- | --- | --- | --- |
| **Study Title:** | Predicting Language Outcome and Recovery After Stroke (PLORAS) | | |
| **Chief Investigator:** | Cathy Price | **UCLH R&D Project ID:** | 13/0435 |
| **IRAS Project ID:** | 133939 | **Research Ethics Committee Ref:** | 13/LO/1515 |

## Notes

* This form is to be completed by a research practitioner with the consultee and participant.
* Before completing, the consultee and participant should have been provided with the PLORAS Information Booklet (version 6.0, 13.10.2022), Privacy Notice (version 2.0, 13.10.2022), and understood the PLORAS Information Summary Sheet (version 2.0, 21.08.2023) – see Consent flowchart in the PLORAS protocol.
* The consultee may also be provided with the PLORAS Consultee Information Sheet (version 6.0, 13.10.2022) which outlines their role.

**Participant details** [BLOCK CAPITALS]

|  |
| --- |
| **Title:**  **First name:**  **Last name:**  **Date of birth:**  **NHS number:**  **Email\*:**  **Landline\*:**  **Mobile\*:**  **Address:**  (\*please note, email and telephone are the primary method of contact with PLORAS) |

**Consultee details** [BLOCK CAPITALS]

|  |  |
| --- | --- |
| **Title:**  **First name:**  **Last name:**  **Relationship to Participant:**  **Email\*:**  **Landline\*:**  **Mobile\*:**  **Address:**    (\*please note, email and telephone are the primary method of contact with PLORAS) | |
| I am happy for the PLORAS Team to store my details in their database and to be contacted about the research on the participant’s behalf. | (Please tick) □ |

**Part 1: Initial consent**

The following statements should be answered in combination with the participant even if the consultee is confident that they are fully informed of their wishes.

|  |  |  |
| --- | --- | --- |
| I believe the Participant would agree that: | **Yes**  (initial) | **No**  (cross) |
| 1. The hospital can send to PLORAS… |  |  |
| 1. …the Participant’s brain scans. |  |  |
| 1. …the Participant’s medical records. |  |  |
| 1. …the Participant’s questionnaire. |  |  |
| 1. …the Participant’s contact details. |  |  |
| 1. PLORAS can contact the Participant. |  |  |

**Part 2: Further consent**

|  |  |  |
| --- | --- | --- |
|  | **Yes**  (initial) | **No**  (cross) |
| 1. I understand the PLORAS study information. |  |  |
| 1. I have had time to think about the study. |  |  |
| 1. My questions have been answered. |  |  |
| 1. I believe the Participant would agree to take part in PLORAS. |  |  |
| 1. I understand the Participant can stop at any time. |  |  |

**Consultee signature:**  **Date:**

**Name of research practitioner taking declaration:**

**Signature:**  **Date:**