# **Consent Form**

# **Data Storage for Real Patient Spreadsheet Database**

Thank you for agreeing to give your contact details to the university. Your information will be held on a centralised spreadsheet database within the university. The purpose of storing your data is to contact you in the future to discuss your participation in healthcare teaching and/or exams.

Please read this consent form and the **‘Patient Information for Teaching and Assessment V2.2 Aug 2022** document. After you have read and signed it, please send it back to me at the postal/email address below. Please also complete your details on the attached page. If you prefer, you can telephone me on 07922 382998 to discuss it. The data we will be obtaining and storing, with your permission, is detailed below

1. Name
2. Address
3. Telephone number
4. Email address
5. Date of birth (so we can represent a range of ages)
6. Ethnicity (so we can represent a range of ethnicities)
7. A brief description of your medical history, including any medication/special requirements
8. Date if you have attended a teaching or exam session before

All the above information is shared with people who are involved with the exam/teaching programmes. You may be contacted again to confirm that you are still happy for your data to be stored, and to confirm any changes to your medical condition.

You have the right to withdraw your permission for your data to be stored at any time and to request for it to be erased. You also have the right to see what data about you is being held. This will not affect your medical care or treatment. If you would like to withdraw your consent at any time, or ask to see what data is being stored about you, you can request in writing to me at:

Kirstie Ellis OR kellis@sgul.ac.uk

Patient Database Manager

IMBE, 6th Floor Hunter Wing, PO Box H6A

St Georges University of London (SGUL)

Cranmer Terrace

London, SW17 0RE

I confirm that I have read this consent form and the ‘Patient Information for Teaching and Assessment V2.2 Aug 2022 document. I agree to the storage of my data listed and for the purposes outlined above.

Preferred method of contact (**please tick**) Email [ ]  Mobile [ ]  Landline [ ]  Post [ ]  Any [ ]

Interested in helping with (**please tick**)

**Face-to-Face** Exams [ ]  Teaching: Communication Skills [ ]  Clinical skills[ ]

**Virtual** Teaching: Communication Skills [ ]  Clinical skills[ ]

Patient name (**please print**) ………………………………………………… Patient Signature ……………….…..…………………………….

Date ………………………………………

# **Personal Data for Storing on the University Database**

First Name …………………………………………………………… Surname ……………………………………………………………….………………………

Name that you would like to be addressed by ………………………………………………………………………………………………………………

Home Address

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Telephone Number **Landline** …………………………………….**Mobile** …………………………..………………………………………………….…….

Email address ……………………………………………….……….…………………………………………………………………………………………………..…

Date of Birth ……………………………….………………………….

Ethnicity (please tick)

White British [ ]  Black British [ ]  Asian British [ ]

Black African [ ]  Black Caribbean [ ]  Asian [ ]

Mixed/multiple ethnic background (please state) [ ]  …………………………………………………………………………………………

Other (please state) [ ]  ……………………………………………………………………………………………………………………………….…………..

A brief description of your medical history. Please include any medication you may need to bring with you on the day.

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Please list any special requirements you may have: eg mobility issues, use of oxygen, dietary preferences.

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Date you have attended a teaching or exam session, if any ……...………………………………….……………………………………