**Consent form for Patient & Public Involvement and Engagement Group**

The Auditory Implant Service will work with patients and their families to set up a group, to help improve services and to provide opportunities for members to develop and contribute to research.

The following details will be kept securely, and names will not be shown. Information will be stored against the USAIS barcode and initials of the patient. This will enable communication with members of the group easily and ensure appropriate selection by age and type of deafness if a project requires this.

Your information will be used for the purpose of organising events, but your personal information will not be shared with any other organisations without your permission.

Information about you (if you are not the patient)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Date of birth |  | | City/Town |  |
| Relationship with USAIS Patient | |  | | |

Information about the USAIS patient

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of CI Patient |  | | | Date of birth | |  |
| City/Town |  | | | No. of years deaf | |  |
| Reason for deafness if known | |  | | | | |
| Type of Device (indicate the box which best describes your processor) | | Cochlear Implant | Bone AnchoredDevice | Brain Stem Implant | Not sure | Other (provide info) |

Communication

|  |  |
| --- | --- |
| Email Address |  |
| Communication preferences (BSL, Interpreter, Easy Read etc.) |  |
| Do you have access to the internet? |  |
| Which Social Media sites do you use? |  |
| Have you used Microsoft Teams before? |  |

I confirm that my personal information can be stored for the purpose of organising events (electronic signature in document attached to member email will be accepted)

Signature………………………………………….. Date …………………………………………….