Consent Form

Database of Younger People with Dementia

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| --- | --- |
| First Name:  | Last Name:  |
| Address: email:Post code: tel.no.  |
| Diagnosis:  |
| Date of Diagnosis: (month and year) |
| Ethnic Origin: (Please circle) British, Irish, Other White, White and Black Caribbean, White and Black African, White and Asian, Other mixed, Indian, Pakistani, Bangladeshi, Other Asian, Caribbean, African, other black, Chinese, other ethnic group, Not stated |
| Date of Birth: |
| * Please tick if you wish us to keep you up-to-date with the work that we are doing to develop support for younger people with dementia and their families
* Please tick if you are happy for your information to be anonymised and used to plan services and support for younger people living with dementia and their families and supporters
* This information will be kept in a secure location and only be viewed by those involved in developing services for younger people with dementia and their families
* You can have your details removed from this database at any time; just inform us in person, by telephone, email or post at the address below.
 |
| Name: |
| Signature: |
| Date: |

Jenny La Fontaine, Young Onset Dementia Development Officer, Early Intervention Dementia Service, F Block, Kidderminster General Hospital, Bewdley Road, Kidderminster, DY11 6RJ, telephone 01562 828894, jenny.lafontaine@hacw.nhs.uk

**Consent Form**

**Database of Younger People with Dementia**

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| Proxy consent form in circumstances where the person does not have capacity to consent. |
| First Name:  | Last Name:  |
|  Your relationship to person with dementia:  |
| 1. Name of person with dementia:
2. Their address
3. Their diagnosis and date of diagnosis (month and year)
4. Their date of birth
5. Ethnic Origin: (Please circle) British, Irish, Other White, White and Black Caribbean, White and Black African, White and Asian, Other mixed, Indian, Pakistani, Bangladeshi, Other Asian, Caribbean, African, other black, Chinese, other ethnic group, Not stated.
6. Your address and telephone number
7. Your email address
 |
| * please tick if you wish this information to be used to keep you up-to-date with the work that we are doing to develop support for younger people with dementia and their families,
* Please tick if you are happy for the information you have provided to be anonymised and used to plan services and support for younger people living with dementia and their families and supporters
* This information will be kept in a secure location and only be viewed by those involved in developing services for younger people with dementia and their families
 |
| I consent to the above information being kept on the database |
| Name: |
| Signature: |
| Date: |

You can have your details removed from this database at any time; just inform us in person, by telephone, email or post at the address below.

Jenny La Fontaine, Young Onset Dementia Development Officer, Early Intervention Dementia Service, F Block, Kidderminster General Hospital, Bewdley Road, Kidderminster, DY11 6RJ, telephone 01562 828894, jenny.lafontaine@hacw.nhs.uk

Consent Form

Mailing List for Family Members/ Carers of Younger People with Dementia

|  |  |
| --- | --- |
| First Name:  | Last Name:  |
| Address: email:Post code: tel.no.  |
| Name of younger person living with dementia that you are supporting: |
| I consent to the above information being kept on a database so that I can be kept up-to-date with the work that is being carried out to develop support and services for younger people with dementia and their families.  |
| * Information will be kept in a secure location and only be viewed by those involved in developing services for younger people with dementia and their families
* You can have your details removed from this database at any time; just inform us in person, by telephone, email or post at the address below.
 |
| Name: |
| Signature: |
| Date: |

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