

Designing Homes for Healthy Cognitive Ageing (DesHCA) Project - Passive Home Environment Sensing

Participant Consent Form

GUEP Approval Number 2098

Participant number _____

Please initial box	
I confirm that I have read and understood the information sheet explaining the above research project, and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary, and that I am free to withdraw at any time during the study and withdraw my data within 30 days without giving a reason, and without any penalty. I understand that beyond the point when data analysis has started, it may not be possible to remove my data from the study.	
I consent to passive sensor devices being installed in my home for a period of up to 12 months, and for the devices to passively collect information about my home environment and how it is used.	
If applicable: The other members of my household have agreed to the installation of the passive sensor devices	
If applicable: My landlord/housing provider has given permission for the passive sensor devices to be installed in my home.	
I understand that the passive sensor data collected about my home will be transmitted via the internet, but that this will not include any information that allows myself, or any co-occupants or visitors, to be identified.	
I consent to possible separate audio, photographic, and/or video recordings related to my conversations with researchers about the study. I understand that this information will be anonymised, and I give permission for members of the research team to have access to my anonymised information.	

I understand how passive sensor data and any recordings will be used in research outputs. I am aware that I will not be named in any research outputs, but I could be identified by people I know through the stories I tell.	
I give permission for the information collected during my participation in this research to be used in connection with presenting, reporting, or other sharing of findings from this project.	
I agree for my personal data to be kept in a secure database so I can be contacted about further phases of this study.	
I agree to take part in this study.	

Name of Participant

Signature

Date _____

Name of Researcher

Signature

Date _____

The following questions will help the research team keep a record of the different groups that have had an opportunity to feed into the DesHCA research.

Please answer the questions you feel comfortable with.

What is your age?	
How would you describe your gender?	
How would you describe your ethnicity?	
What is the first part of the postcode where you live?	
Please describe the type of home you currently live in (house, flat, bungalow etc.)	
Do you own your own home, rent from a private landlord, rent from a local authority, live with family or friends, or something else?	
Is anyone in your home living with dementia or other condition that impacts their thinking or memory?	