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Consent Form A

Understanding Society

Adding information from administrative health records – adults (16+)

Please read this form and sign below if you give your permission for us to add information from health records to your survey responses. It is completely up to you which permissions you choose to give. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what information held by the National Health Service and related agencies may be added to the survey and how it would be used. I have had the opportunity to ask questions.

Please place a tick in the boxes to indicate that you give permission ✓

HEALTH DATA

I authorise the National Health Service, the Department of Health, the General Registration Office and the Office for National Statistics to disclose to the organisation responsible for this survey information about my health treatment and use of health services for future research studies of the frequency, causes, treatment or outcome of diseases and health conditions.

YES ☐ NO ☐

FOLLOW-UP ON HEALTH REGISTRATION

I authorise the organisation responsible for this survey to obtain information about my National Health Service registration from the National Health Service Central Register, and to follow my registration and health status.

YES ☐ NO ☐

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No ☐☐☐☐ Address ☐☐ HH.No ☐ P.No ☐☐ ChkL ☐

Consent_FormA_adult_healthV7.indd 2 21/11/08 12:44:23

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Consent Form A

Understanding Society

Adding information from administrative health records – adults (16+)

Please read this form and sign below if you give your permission for us to add information from health records to your survey responses. It is completely up to you which permissions you choose to give. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what information held by the National Health Service and related agencies may be added to the survey and how it would be used. I have had the opportunity to ask questions.

Please place a tick in the boxes to indicate that you give permission ✓

HEALTH DATA

I authorise the National Health Service, the Department of Health, the General Registration Office and the Office for National Statistics to disclose to the organisation responsible for this survey information about my health treatment and use of health services for future research studies of the frequency, causes, treatment or outcome of diseases and health conditions.

YES ☐ NO ☐

FOLLOW-UP ON HEALTH REGISTRATION

I authorise the organisation responsible for this survey to obtain information about my National Health Service registration from the National Health Service Central Register, and to follow my registration and health status.

YES ☐ NO ☐

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No ☐☐☐☐ Address ☐☐ HH.No ☐ P.No ☐☐ ChkL ☐

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Consent Form B

Understanding Society

Adding information from administrative health records - children (0-15 yrs)

Please read this form and sign below if you give your permission for us to add information from health records to your child(ren)'s survey responses. It is completely up to you which permissions you choose to give. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what information held by the National Health Service and related agencies may be added to the survey and how it would be used. I have had the opportunity to ask questions.

HEALTH DATA

I authorise the National Health Service, the Departments of Health, the General Registration Office and the Office for National Statistics to disclose to the organisation responsible for this survey information about my child's health treatment and use of health services for future research studies of the frequency, causes, treatment or outcome of diseases and health conditions.

FOLLOW-UP ON HEALTH REGISTRATION

I authorise the organisation responsible for this survey to obtain information about my child's National Health Service registration from the National Health Service Central Registers, and to follow my child's registration and health status.

Please place a tick in the boxes to indicate that you give permission ✓

	First Name	Last Name	P.No	D.O.B dd / mm / yyyy	Health Data YES	Health Data NO	Follow-up on Health Registration YES	Follow-up on Health Registration NO
Child 1				/ /				
Child 2				/ /				
Child 3				/ /				
Child 4				/ /				

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No | Address | HH.No | P.No | ChkL

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RESPONDENT COPY

Consent Form B

Understanding Society

Adding information from administrative health records - children (0-15 yrs)

Please read this form and sign below if you give your permission for us to add information from health records to your child(ren)'s survey responses. It is completely up to you which permissions you choose to give. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what information held by the National Health Service and related agencies may be added to the survey and how it would be used. I have had the opportunity to ask questions.

HEALTH DATA

I authorise the National Health Service, the Departments of Health, the General Registration Office and the Office for National Statistics to disclose to the organisation responsible for this survey information about my child's health treatment and use of health services for future research studies of the frequency, causes, treatment or outcome of diseases and health conditions.

FOLLOW-UP ON HEALTH REGISTRATION

I authorise the organisation responsible for this survey to obtain information about my child's National Health Service registration from the National Health Service Central Registers, and to follow my child's registration and health status.

Please place a tick in the boxes to indicate that you give permission ✓

	First Name	Last Name	P.No	D.O.B dd / mm / yyyy	Health Data YES	Health Data NO	Follow-up on Health Registration YES	Follow-up on Health Registration NO
Child 1				/ /				
Child 2				/ /				
Child 3				/ /				
Child 4				/ /				

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No | Address | HH.No | P.No | ChkL

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Consent Form C

Understanding Society

Adding information from administrative education records - adults (16-24)

Please read this form and sign below if you give your permission for us to add information from education sources to your survey responses. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what education data may be added to the survey and how it would be used. I have had the opportunity to ask questions.

Please place a tick in the boxes to indicate that you give permission ☑

EDUCATION DATA

	YES	NO
I authorise the English Department for Children, Schools and Families, the Welsh Department for Children, Education, Lifelong Learning, and Skills, the Scottish Government Education Directorate, or the Department of Education / Education and Skills Authority in Northern Ireland to disclose to the organisation responsible for this survey information from my educational records.	☐	☐

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No ☐☐☐☐ Address ☐☐ HH.No ☐ P.No ☐☐ ChkL ☐

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Consent Form C

Understanding Society

Adding information from administrative education records - adults (16-24)

Please read this form and sign below if you give your permission for us to add information from education sources to your survey responses. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what education data may be added to the survey and how it would be used. I have had the opportunity to ask questions.

Please place a tick in the boxes to indicate that you give permission ✓

EDUCATION DATA

	YES	NO
I authorise the English Department for Children, Schools and Families, the Welsh Department for Children, Education, Lifelong Learning, and Skills, the Scottish Government Education Directorate, or the Department of Education / Education and Skills Authority in Northern Ireland to disclose to the organisation responsible for this survey information from my educational records.		

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No				Address		HH.No	P.No		ChkL

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Consent Form D

Understanding Society

Adding information from administrative education records - children (4-15 yrs)

Please read this form and sign below if you give your permission for us to add information from education records to your child(ren)'s survey responses. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what education data may be added to the survey and how it would be used. I have had the opportunity to ask questions.

EDUCATION DATA (children aged 4-15 only)

I authorise the English Department for Children, Schools and Families, the Welsh Department for Children, Education, Lifelong Learning, and Skills, the Scottish Government Education Directorate, or the Department of Education / Education and Skills Authority in Northern Ireland to disclose to the organisation responsible for this survey information from my child's educational records.

Please place a tick in the boxes to indicate that you give permission ✓

	First Name	Last Name	P.No	D.O.B dd / mm / yyyy	YES	NO
Child 1				/ /		
Child 2				/ /		
Child 3				/ /		
Child 4				/ /		
Child 5				/ /		
Child 6				/ /		

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No | Address | HH.No | P.No | ChkL

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Consent Form D

Understanding Society

Adding information from administrative education records - children (4-15 yrs)

Please read this form and sign below if you give your permission for us to add information from education records to your child(ren)'s survey responses. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what education data may be added to the survey and how it would be used. I have had the opportunity to ask questions.

EDUCATION DATA (children aged 4-15 only)

I authorise the English Department for Children, Schools and Families, the Welsh Department for Children, Education, Lifelong Learning, and Skills, the Scottish Government Education Directorate, or the Department of Education / Education and Skills Authority in Northern Ireland to disclose to the organisation responsible for this survey information from my child's educational records.

Please place a tick in the boxes to indicate that you give permission ☑

	First Name	Last Name	P.No	D.O.B dd / mm / yyyy	YES	NO
Child 1				/ /		
Child 2				/ /		
Child 3				/ /		
Child 4				/ /		
Child 5				/ /		
Child 6				/ /		

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freepost RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign _____ Date _____

Print name _____

Thank-you!

Point.No				Address		HH.No	P.No		ChkL

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