

All Wales Paediatric Diabetes Register

Written Informed Consent Form

Name of Patient.....

Date of birth of patient.....

Please tick the appropriate box:

I am the person with diabetes

☐

OR

I am the parent/guardian ☐

Please read and initial the following:

	initials
I confirm that I/my child has diabetes	
I have read and understood the information leaflet, available in Welsh/ English (Version 1/2017)	
I have been able to ask questions and have been given satisfactory answers	
I understand that I do not have to take part and that participation is voluntary. I may withdraw agreement at any time without having to give a reason and this will not affect my treatment in any way	
I give permission for my/my child's details as provided here to be collected, stored on the All Wales Paediatric Diabetes Register and used for diabetes research by the Brecon Group	
I understand that my/my child's data will be accessed by the Administrator/Data Manager and Brecon Group clinicians	
I understand that personal and medical information about me/my child (including NHS number, address and postcode) will be held securely and confidentially by the Brecon Group, at Cardiff and Vale University Health Board	
I understand that my/my child's details may be passed on to ethically approved national studies of diabetes	
I understand that my personal data will be de-identified by an NHS organisation so that it can be used in anonymous form for further research in the public interest	
I understand that information held by the Register may be used by members of the Brecon Group who are healthcare professionals not directly involved in providing care, and appropriately authorised researchers (including researchers within academic institutions), who may contact me/my child to follow up on health status in the future	

I have read and understood the Information Leaflet about the All Wales Paediatric Diabetes Register. All my questions have been answered and I have given sufficient time to consider whether I/my child participate(s).

Signature of patient or parent/guardian	Full name (block capitals)	Date

Declaration of Informed Consent Administrator*

I confirm that the patient and parent/guardian have been informed about the nature, meaning and consequence of the All Wales Paediatric Diabetes Register. The patient and parent/guardian Information Leaflet was discussed and a copy provided. I also confirm that I will provide a copy of this consent form.

Signature of team member	Full name (block capitals)	Date

***Informed Consent Administrator to please scan and email this form to the Brecon Group**