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**Research Consent to Contact Form**

1. I understand that my completion of this form is voluntary and that I am free to withdraw my personal details at any time without giving any reason, and without my medical care or legal rights being affected.
2. I agree for my personal details (name, date of birth, diagnosis and NHS number) and contact details (address, email, phone number etc.) to be stored on a secure database. I understand that only members of the Research Team at Essex Partnership University NHS Foundation Trust will have access to this database.
3. I give permission for the Research Team at Essex Partnership University NHS Foundation Trust to access my medical records for the purpose of assessing eligibility for future research studies.
4. I agree to be contacted via my preferred method, when a research study that I am eligible for becomes available.
5. I understand that I am under no obligation to take part in these research studies.

<b>Title:</b>	
<b>Forename:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Ethnicity:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Diagnosis (if known):</b>	
<b>Preferred Method of Contact:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Thank you for taking the time to read and complete this form. A copy of this will be posted to your home address. If at any point you would like to withdraw your details from our database, please contact us using the details at the top of this form.