

Participation Consent Form



University of Wales Trinity Saint David (London Campus)
Winchester House, 11 Cranmer Rd,
London SW9 6EJ
Tel: 020 7127 7400

Participant Identification

Number:

PARTICIPATION CONSENT FORM

(for researcher to fill)

Project Title: Investigation of common oral diseases among older adults of united kingdom: A quantitative study

Name of Researcher: Priyanka Vora

Name of Supervisor: Soban Sadiq

Email of Researcher: 2237360@student.uwtsd.ac.uk

Aim of Research: to identify oral health problems among older people and how to manage it by themselves and by clinician

(for participant to fill)

YES

NO

1 I confirm that I have read and understood the information sheet dated _____ for the above study.

2 I understand there are no material benefits for participating.

2 I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

3 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

4 I understand that any information given by me may be used in future reports, articles or presentations by the researcher.

5 I consent for my name and title to be used within this study.

Where applicable, I understand that my details will not be anonymous.

6 I agree to be recorded (audio and/or audio-visual video).

7 I agree to take part in the above study.

Researcher's
Name (Print)

Signature

Date

Participant's
Name (Print)

Signature

Date

You may decline to participate in this study. You may end your participation in this study at any time. All data generated from this or any interview will remain confidential. For more information, please view the university's [Research and Data Management Policy](#).

When completed please email a copy to the below address to be kept on the file of the researcher and retain a copy for yourself.

Subject Title: **[NAME OF PARTICIPANT] – Participant Consent Form**

Email: 2237360@student.uwtsd.ac.uk

Participant Information Sheet



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

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Winchester House, 11 Cranmer Rd,
London SW9 6EJ
Tel: 020 7127 7400

Participant Identification Number:

PARTICIPANT INFORMATION SHEET

Project Title: Investigation of common oral diseases among older adults of united kingdom: A quantitative study

Name of Researcher: Priyanka Dhirajlal vora

Name of Supervisor: soban Sadiq

Dear Sir/Madam,

My name is _Priyanka Dhrajlal Vora_____ and I am a postgraduate student in the University of Wales Trinity Saint David, United Kingdom (London campus). Currently, I am conducting research entitled _____ Investigation of common oral diseases among older adults of united kingdom: A quantitative study_____.

The purpose of this research is to:

Investigate common oral health problems among older people who has systemic diseases that causes oral disease. I want to identify that and want to investigate how they can manage it by themselves and by clinician.

[Detail the purpose of your research here.]

I would like to invite you to participate in my research project by [indicate what activity you want them to do].

Please complete the accompanying consent form. I will [take notes/record audio/record visual-audio] during the interview with your permission.

Please note that the [questionnaire/interview/activity] should not take more than [give timing guidance] to complete but, there is no time constraint. Your participation in the [questionnaire/interview/activity] will be voluntary. You will not receive any remuneration or reward from the researcher. As a participant, you may decide to stop the [questionnaire/interview/activity] at any point of time without any explanation and/or reason.

All data generated from this or any interview will remain confidential. For more information, please view the university's [Research and Data Management Policy](#).

I thank you in advance for your time and participation. If any questions do arise, feel free to contact me at your convenience.

Name of Researcher: Priyanka Vora	Signature of Researcher:P.D.Vora
Email of Researcher:2237360@student.uwtsd.ac.uk	



MOVAHEDI, S... 2:55 PM



to me ^

From MOVAHEDI, Sana (NHS ENGLAND - T1510) ·
s.movahedi@nhs.net

To priyankavora284@gmail.com

Date Mar 18, 2024, 2:55 PM



Standard encryption (TLS).

[View security details](#)

Dear Priyanka Vora,

Please take this email as written consent for you to survey patients at my dental practice (Watford Road Dental Practice, 114 Watford Road, HA0 3HF) as part of your dissertation.

With kind regards,

Sana Movahedi,
Regional Postgraduate Dental Dean (London & KSS)

Workforce Training & Education (WT&E) Directorate
NHS England - London & South East
<https://london.hee.nhs.uk/>
<https://kss.hee.nhs.uk/>

