



VOLUNTEER DECLARATION OF CONSENT

I,

(Volunteer's name)

of

(Address)

Declare that I wish to participate as a volunteer in the AUK College of Nursing Clinical Skills Program as a Standardize Patient in (tick applicable):

☐

Clinical Skills Teaching

☐

Clinical Examinations

And

I acknowledge that:

1. I have read this consent form and the information sheet for the Standardize Patient Volunteer Program and fully understand their contents and my role as a volunteer.
2. I am participating in the program voluntarily, and I will not receive payment for my participation;
3. My participation is taking place in a teaching and learning environment. Tutors, nursing students, and examiners are not providing any medical service;
4. I must inform the tutor/examiner/support staff if I am unwell before or at any time during the session or if I am experiencing any great discomfort as a result of the students' activity;
5. If I volunteer for student assessment activities, my participation will be video recorded;
6. I may withdraw at any time;
7. The AUK College of Nursing reserves the right, at its sole discretion, to terminate my voluntary participation at any time;
8. Consent forms will be filed in accordance with AUK record-keeping policy and procedure, and I will be given a copy of my signed consent form for my personal records;



Volunteer Declaration of Consent (continued)

9. The information I provide on this form, and as part of my participation as a volunteer, has been given with my consent, and I understand that it will be used in connection with my participation as a volunteer in the teaching and examination of College of Nursing students and will be provided to relevant AUK employees or agents, nursing students, examiners or as required by law;

10. By participating, I agree:

- a. that I am participating at my own risk; and
- b. to waive all claims of liability against AUK to the extent permitted by law for:
 - i. any illness or injury sustained by participating; and/or
 - ii. any loss, damage, or theft of property while participating.

11. I have been given the opportunity to ask any questions about my participation and sign this consent freely and voluntarily without any inducement.

Name of Participant_____

Signature of Participant_____

Date_____

Name of Witness_____

Signature of Witness_____

Date_____

Contact Details:

Home Phone:_____

Mobile Phone:_____

Email:_____