

Consent form for participation in Sentinel Stroke National Audit Programme (SSNAP)

Please Tick Box

1. I confirm that I have read and understood the SSNAP *patient information sheet* and have had the opportunity to ask questions.

2. I give my consent for my personal confidential data to be shared with NHS England and Digital Health and Care Wales, to link SSNAP data to:
 - a) Hospital Episode Statistics (HES) data or Patient Episode Database for Wales (PEDW) data
 - b) mortality data collected by NHS England (NHSE).

Name of Participant

Date

Signature

Name of Assessor

Date

Signature