

## 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).
  
3. I give my consent for my information collected by SSNAP to be used in research.

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Name of Participant

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Date

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Signature

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Name of Assessor

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Date

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Signature