



## **Patient Partner Data Consent**



By signing this form I agree that:

- my details may be held securely on the University of St Andrews and NHS Fife servers.
- I may be contacted regarding the Volunteer Patient teaching programme.

The University of St Andrews will not pass these details onto any other party except the school or NHS staff involved with teaching session that I will be involved in.

Signed \_\_\_\_\_

Name (print) \_\_\_\_\_

Date \_\_\_\_\_