CARER CONSENT FORM

Title of Project: The 3D Study: Improving whole person care – Carer survey study
Principal Investigator: Prof Chris Salisbury, University of Bristol

Please let us know if you would like to take part in the Carer’s survey study by ticking one of the following statements:

Tick 1 box only

YES – I WOULD LIKE to take part in the Carer’s survey study..................
NO – I DO NOT WANT to take part in the Carer’s survey study..........

If you would like to take part, please read carefully and write your initials against EACH of the following statements.

1. I confirm that I have read the information sheet <version, date>. I have had the opportunity to consider the information, and ask questions (if applicable).
   (Your Initials)

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected
   (Your Initials)

3. I agree to complete questionnaires at the start, and 6 and 12 months later
   (Your Initials)

4. I agree that the research team can use my personal details to contact me about the study. I understand that my participation is confidential.
   (Your Initials)

5. I am willing to be contacted about future research studies about carers (optional)
   (Your Initials)

6. I agree to take part in the above named study
   (Your Initials)

Please complete the following details, and return this form & the completed BASELINE CARER SURVEY to the research team in the pre-paid envelope.

______________________________  ____________________  __________________________
Full Name (BLOCK CAPITALS)    Today’s Date               Signature

______________________________  ____________________  __________________________
Researcher Name (BLOCK CAPITALS)    Date               Researcher signature

To be completed by research team when received. 1 copy for participant; 1 for GP; 1 for research centre

Carer survey consent form v1.1 (20/06/14)