



**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.

Please Initial  
EACH box

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).
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
3. I agree to complete questionnaires at the start, and 6 and 12 months later
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.
5. I am willing to be contacted about future research studies about carers (optional)
6. **I agree to take part in the above named study**

(Your Initials)

(Your Initials)

(Your Initials)

(Your Initials)

(Your Initials)

(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