



The 3D Study: Improving whole person care

RELATIVE, GUARDIAN or CONSULTEE DECLARATION FORM

Title of Project: The 3D Study: Improving whole person care

Principal Investigator: Prof Chris Salisbury, University of Bristol

Name of Relative/Carer/Guardian/Consultee*delete as applicable: _____

Responsible for (Name of patient): _____

Relationship to participant: _____ Date of birth (of patient): _____

GP usually seen by patient: _____

Please read the following statements carefully and initial each item. **Please complete all sections, and return this form & the completed BASELINE QUESTIONNAIRE to the research team in the pre-paid envelope.**

1. I confirm that I have been consulted about the above patient. I have read the information sheet <version, date>, and I have had the opportunity to consider the information and ask questions.
2. I understand that if their practice is chosen to try the new way of providing care for people with long term health conditions this will be offered and I agree to help to complete the questionnaires at the start, and 6 and 12 months later.
3. In my opinion, he/she would have no objection to taking part in the study. I understand that they are free to withdraw at any time without giving any reason and without their medical care or legal rights being affected.
4. I understand that, where relevant to this research project, his/her medical notes and data collected during the study may be looked at by members of the research team, regulatory authorities and NHS Trust. I give permission for these individuals to have access to their records as necessary.
5. I agree to their GP and health care professionals being informed of their participation in the study. If there are any concerns about their safety or possible harm, the research team may contact their GP directly.
6. I agree that the research team can use personal details to contact me/the patient about the study. I understand that their participation is confidential.
7. I agree that researchers can contact me at a later stage to provide information about optional sub-studies.

Please Initial EACH box

(Your Initials)

(Your Initials)

(Your Initials)

(Your Initials)

(Your Initials)

(Your Initials)

(Your Initials)

Your full name (BLOCK CAPITALS)

Today's date

Signature

Your phone number: _____

Mobile number: _____

Your e-mail address: _____

Contact preference: morning/afternoon/evening/don't mind/other: _____

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