

(Form to be printed on local headed paper)



SUPPORTER CONSENT FORM

Final Version 1.0 13 August 2018

Title of Study: Promoting Independence in Dementia (PRIDE):
A feasibility randomised controlled trial

IRAS Project ID: 225736

Name of Researcher: INSERT LOCAL RESEARCHER NAMES

Name of Participant: _____ **Please initial box**

1. I confirm that I have read and understand the information sheet version number XXX dated XXX for the above study and have had the opportunity to ask questions. ☐
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 legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis. ☐
3. I understand that data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
4. Consent for storage and use in possible future research (Optional) No ☐ Yes ☐
I agree that the information gathered about me can be stored by the University of Nottingham, for possible use in future studies. I understand that some of these studies may be carried out by researchers other than the current team who ran the first study, including researchers working for commercial companies. Any data used will be anonymised, and I will not be identified in anyway. ☐
6. I agree to take part in the above study. ☐
7. I agree to take part in the optional focus group interviews for this research. No ☐ Yes ☐
I understand that anonymous direct quotes from the focus group interviews may be used in the study reports.
8. I would like to be sent a summary of the results at the end of the study. No ☐ Yes ☐

Name of Supporter Date Signature

Name of Person taking consent Date Signature

3 copies: 1 for participant, 1 for the project notes and 1 for the participant's medical notes