

CONSENT FORM FOR CARERS

Version 2.3 - 18/10/2016

Title of study: Care of Late Stage Parkinsonism (CLaSP Study)

Name of Lead Researcher: Dr. Anette Schrag

I (name)

of

(address) consent to taking part in the CLaSP study and completing questionnaires about

..... (patient/participant's name).

Please initial each box:

1. I have read the information sheet giving details of this study dated 18th October 2016. I have been given a copy to keep and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and I can withdraw consent at any time without giving any reason and without the medical care or legal rights of my relative/dependant/friend being affected. ☐
3. I understand that data collected during the study may be looked at in the monitoring of the research by clinical governance staff. I give permission for such access to the information I have provided. ☐
4. I give permission for information concerning my relative/dependant/friend to be held confidentially by University College London. ☐
5. I give permission for the researchers to speak to my relative/dependant/friend's health care staff. ☐

Signed

Date

Consented by (print name)

Signed

Date