Participant Name:

Identification Number:

**Consent for Participants**

**Comprehensive modelling of outcomes for those with memory problems**

**Initial as appropriate**

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| 1. **I have read the information sheet on the above project** **(dated 20 January 2015) and have been given a copy to keep.** I have been given the opportunity to ask questions about the project. |
| 1. **I give permission for members of the research team to organise interviews with me on two occasions,** once now and again in a year’s time. |
| |  | | --- | | 1. **I understand that I will not benefit financially**. | | 1. **I know how to contact the research team if I need to.** | | 1. **I am satisfied that my welfare and interests** **have been properly safeguarded.** |  1. **I understand that I can change my mind and refuse to take part at any time**, without a reason and without my medical treatment or legal rights being affected. |

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| 1. **I understand that all information obtained as part of this study will be anonymised and kept confidential.** All data will be stored securely in a separate location to personal information. 2. **I am satisfied that the researcher has explained the project and has provided an opportunity to ask questions.** The researcher has answered all questions fully. |
| *I would like to receive regular updates about the findings of the study.*  By measuring your wellbeing and satisfaction we hope to provide the information necessary to adapt the education of healthcare professionals for the better  By measuring your wellbeing and satisfaction we hope to provide the information necessary to adapt the education of healthcare professionals for the better  *I would like my GP to be informed that I am taking part in this research.*  *If so, please provide your GPs name and address:* |

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| **Name of Person Giving Consent** | **Signature** | **Date** |
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| I give permission for members of the research team to re-contact me with information regarding other related studies:  By measuring your wellbeing and satisfaction we hope to provide the information necessary to adapt the education of healthcare professionals for the better | | |
|  | | |
| **Name of Carer / Consultee** | **Signature** | **Date** |
|  |  |  |
| I give permission for members of the research team to re-contact me with information regarding other related studies:  By measuring your wellbeing and satisfaction we hope to provide the information necessary to adapt the education of healthcare professionals for the better | | |
|  | | |
| **Name of Researcher** | **Signature** | **Date** |
|  |  |  |

**Thank you for agreeing to take part in this research.**