

Dementia Carers Instrument Development: DECIDE

Participant Identification Number:

CONSENT FORM

**Initial box if
in agreement**

1. I have read and understand the information sheet version 2 dated 06/11/2015 for this study. I have had the chance to ask questions about the study and had them answered.
2. I understand that taking part is voluntary and that I am free to pull out at any time, without giving any reason.
3. I understand that if I withdraw from the study the researchers will use the information I have provided up to that point, unless I say that I do not want them to.
4. I agree to the interview being audio-recorded.
5. I understand that the information I give to the researchers will only be used for the purposes of research, and that personal details will be treated in strict confidence.
6. I understand that if the researchers hear or observe anything that causes serious concern about my health, safety or well-being, or that of the person I care for, they have a duty to inform my GP or another appropriate professional.
7. I agree to the researchers retaining my personal contact details after the end of the study so that they can contact me again regarding future work about carers.

Yes	No
8. I agree to take part in the study

Name of Participant

Date

Signature

Researcher taking consent

Date

Signature