

Participant ID 

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**Dementia Carers Instrument Development: DECIDE  
Participant Consent Form: copy to be returned to the researcher**

**Please initial the statements below to show that you have read and agree to each one**  
**Please  
initial**

1	I have read and understood the information sheet (version 02; dated 15/09/2016) for the above study and have had the opportunity to ask questions and received satisfactory answers.	
2	I understand that taking part is voluntary and that I am free to withdraw at any time, without giving any reason.	
3	I understand that if I do withdraw from the study this will not affect the services provided to me or to the person I care for, or my legal rights in any way.	
4	I understand that if I withdraw from the study the researchers will use the information I have provided up to that point. If I do not want them to use my data this I must inform the Leeds DECIDE research team within two weeks following completing the first Questionnaire Pack.	
5	I understand that if the research team hear or notice anything that causes serious concern about my health or well-being, they have a duty to inform my GP or another appropriate professional.	
6	I agree that my name and address may be given to the University of Leeds DECIDE research team to allow them to send me follow-up Questionnaire Packs at 2-4 weeks and 6 months following my consent and that this information may be kept for up to 6 months after the study closes in case I have any queries about the study, and then will be destroyed.	
7	I understand my anonymised data will be stored on secure databases within either the University of Leeds or NWRTH Clinical Trials Unit, Bangor University and will only be accessible by the research teams at these sites.	
8	I give permission for my anonymous data to be used for future research studies and/or to be shared with other researchers for research and educational purposes.	
9	I agree to take part in this study.	

**Please sign below after you have initialed every statement above**

Name of Carer	Signature	Date
Name of Researcher	Signature	Date

Carer Address .....

**PLEASE TURN OVER**

**Please complete the name and address of your GP**

**Name of GP .....**

**Address of GP surgery .....**

.....

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Participant ID

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**Dementia Carers Instrument Development: DECIDE  
Participant Consent Form: copy for you to keep**

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Name of Carer	Signature	Date
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