

SPIRITT Unique Identification Number: _____

Consent Form for Person with Parkinson's

Title of project: Specialist Parkinson's Integrated Rehabilitation Team Trial (SPIRITT)

Name of principal investigator: Dr Heather Gage

		Please initial boxes
1	I voluntarily agree to take part in the study.	
2	I confirm that I have read and understood the information sheet dated _____ (version ____). I have had the opportunity to ask questions on all aspects of the study, and have had these answered satisfactorily.	
3	I understand that I will be randomly assigned to receive either treatment with or without additional care support in my own home, or usual care. I understand that the treatment is only for a limited period of time.	
4	I understand that I will be visited and assessed by the research nurse in my own home on four occasions.	
5	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
6	I agree that if I withdraw from the study for any reason, all of my data collected up to that point may be retained and used.	
7	I agree to my General Practitioner (GP) being informed about my participation in the study.	
8	I consent to my personal data being used for the study as detailed in the information sheet. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).	
9	I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions of the study.	

Name of Participant	Signature	Date and Time
Name of Person taking consent	Signature	Date and Time
Name of Witness (optional)	Signature	Date and Time

(Copies: 1 for participant, 1 for researcher site file, 1 [original] for GP to be kept in medical notes)