

SPIRITT Unique Identification Number: _____

Consent Form for Live-in carer of 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 assigned to the same study group as the person that I care for. 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, or those of the person that I care for.	
6	I understand that if the person I care for leaves the study, I will automatically be withdrawn.	
7	I agree that if I leave the study for any reason, all of my data collected up to that point may be retained and used.	
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)