

Participant Consent Form

The effect of family whanau intervention in the Memory Service for the prevention of dementia: A pilot randomized controlled trial.

Ethics ref:

Lead investigators: **Dr Bronwyn Copeland**
 Dr Fiona Miller
 Dr Gary Cheung
 Cheryl Collier

- I have read and I understand the Participant Information Sheet.
- I have been given sufficient time to consider whether or not to participate in this study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.
- I consent to the research staff collecting and processing my information, including information about my health.
- I agree to complete questionnaires and provide personal information.
- If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.
- I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.
- I know who to contact if I have any questions about the study in general.
- I understand my responsibilities as a study participant.
- I **do / do not** wish my treating Doctor to be informed of my involvement in this study.
- I **do / do not** wish to receive a summary of the results from the study.

Declaration by participant:

I hereby consent to take part in this study:

Participant's name:

Signature:

Date:

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate:

Researcher's name:

Signature:

Date:
