**CONSENT FORM**

**Research study on deprescribing in primary care for people with dementia or mild cognitive impairment**

**Chief Investigator**: Dr Kinda Ibrahim

**IRAS number**: 325681

**University of Southampton (ERGO) number**: 79730

Thank you for reading the information about our research project. If you would like to take part, please read and sign this form.

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| --- | --- |
| **Please initial the boxes if you agree with each statement(s):** | e.g.  JS |
| I have read and understood the information provided in the participant information sheet (dated 24 April 2023, version 3). I have been given a copy to keep. I have been able to ask questions about the study. |  |
| I understand that I do not have to take part and that I may withdraw from the study at any time without giving a reason. I understand that it may not be possible to fully withdraw my data once analysis has started. |  |
| I agree to take part in an interview using the Microsoft Teams platform. I understand that if I do not wish to be video recorded, I can turn my camera off. I understand that the recording will be transcribed and then destroyed. |  |
| I give permission for the researcher to make written notes during the interview. |  |
| I understand that personal information collected about me such as my name or where I work will be stored securely and not shared beyond the research team. I understand that the postcode of the practice where I work will be used to access deprivation data from the National General Practice Profiles but that otherwise this data is for the purposes of contacting me about the research only. |  |
| I understand that my involvement in this study will remain confidential and that the transcript of the interview will not contain my name or identifiable information. I understand that I may be quoted in research reports, publications and presentations but that I will not be directly identified (e.g., that my name will not be used). |  |
| I understand that information collected during the study may be looked at by responsible individuals from the University and regulatory bodies. |  |
| I give permission for the anonymised transcript of my interview to be placed in the University data repository. I understand this is so they can be used for future research and learning, as outlined in the information sheet. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |
| **Optional - please only initial these boxes if you wish to agree:** | |
| I give permission for the research team to retain my name and contact details until the end of the study as I wish to receive the study report. |  |
| I am willing to provide feedback on the prototype intervention developed using the findings of this study and give permission for the research team to retain my name and contact details for up to six months beyond the end of the study for this purpose. |  |

Name of participant (print name)…………………………………………………………………...…

Signature of participant…………………………………………………………………………………

Date………………………………………………………………….…….…….……………………….

Name of researcher (print name)………………………………………………...…………………...

Signature of researcher…………………………………………………………...……………………

Date………………………………………………………………………………………………………

When completed: original to be scanned & given to participant, digital copy retained by research team.