

University of
Oxford Logo

PROXY CONSENT FORM

Imperial Logo

If you agree,
please check
box

1. I confirm that I have read and understood the Proxy Information Leaflet dated <u>DDMon20YY</u> version <u>XX</u> . I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my relative/friend's medical care or legal rights being affected.	
3. I consent to the research team holding my contact details so that they can contact me about the study. I understand these details will be held securely and destroyed at the 12 months after the end of the study.	
4. I understand that as long as I feel able to I will complete regular questionnaires about the abilities and quality of life of the person I have been nominated to be the Proxy of. I understand if the person who nominated me withdraws or loses capacity – this will also end my participation.	
5. I agree to take part in the FUTURE-GB study as a Proxy Representative.	

Name of Participant: _____	
Relationship to the participant:	Partner <input type="checkbox"/> Family member <input type="checkbox"/> Carer <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify) _____
Approximately how much time do you spend with the FUTURE-GB participant per week?	<input type="checkbox"/> I am in contact with them daily <input type="checkbox"/> I am in contact with them every few days <input type="checkbox"/> I am in contact with them weekly <input type="checkbox"/> I am in contact with them every 2 weeks <input type="checkbox"/> I am in contact with them monthly
Name of Proxy Representative	Signature: _____ Date: _____
Name of Person Taking Consent	Signature: _____ Date: _____

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Co- Investigator: Prof Puneet Plaha, Ms Sophie Camp and Prof Dipankar Nandi.