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Appendix 2: PART 1 – Consent Form

PARTICIPANT CONSENT FORM

CUREC Approval Reference: R57703/RE001

Carers' Experience of Assistive Technology (AT) use in dementia

Purpose of Study:

This research explores the experiences of Assistive Technology use from the perspective of those looking after or helping persons with dementia. The research will look at types of Assistive Technology used and its benefits and disadvantages and explore facilitators or barriers to using Assistive Technology. In addition, we will develop a Carers Assistive Technology Experience Questionnaire.

*Please initial/tick
each box*

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|---|--|--------------------------|
| 1 | I confirm that I have read and understand the information sheet version dated _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or academic penalty. | <input type="checkbox"/> |
| 3 | I am over 18 years of age | <input type="checkbox"/> |
| 4 | I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford where it is relevant to my taking part in this study. I give permission for these individuals to access my data. | <input type="checkbox"/> |

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|----|---|---|
| 5 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 6 | I understand only the researchers directly involved in this study will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 7 | I Understand there might be certain circumstances (as outlined in section 7 of the participant information sheet) in which it may be necessary to breach this confidentiality and disclose information to a third party | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 8 | I understand how this research will be written up and published. | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 9 | I understand how to raise a concern or make a complaint. | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 10 | I consent to the interview being audio recorded | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 11 | I understand the audio recordings will only be used to transcribe the interview accurately and will be anonymised in research outputs | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 12 | I give permission to be quoted directly in the research publication suitably anonymised | <input style="width: 60px; height: 25px;" type="checkbox"/> |
| 13 | I agree to take part in the study | <input style="width: 60px; height: 25px;" type="checkbox"/> |

Name of Participant	Date	Signature
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Name of person taking consent	Date	Signature
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