DECLARATION B

I am registering someone else as a volunteer.

1. I have legal power of attorney (LPA) to place the
   registered person on health and welfare grounds, and it is
   my opinion that placement in this form is in their best
   interests. (If you do not have this, I understand the
   registered person can withdraw at any time, or if one of our
   charity helpdesks is able to confirm over the phone that the
   volunteer has signed the form themselves or provide contact
   details so that helpline staff can speak to them to confirm
   their wish to be registered.)

2. I confirm that I have read and understood the
   information within this form and can access a copy of the Volunteer
   Information Sheet on the Join Dementia Research

3. I understand that registration is voluntary, and that my
decisions and the personal details of the registered person
will be stored securely.

4. I understand that the registered person can withdraw
   at any time, and that the registered person's medical records
   held by their hospital consultant and/or GP will be
   allowed to access the registered person's information on
   Join Dementia Research. I give permission to these
   individuals to view the registered person's information
   and use this information for the
   purposes of delivering non-Dementia Research.

5. I understand that only registered persons and allied
   staff will be able to access the registered person's medical
   records held by their hospital consultant and/or GP.
   I give permission for these individuals to look at the
   registered person's information and use this information for the
   purposes of delivering non-Dementia Research.

I confirm that I have lasting power of attorney formally in place for the

UNDERSTAND AND

PLEASE ONLY COMPLETE THIS PAGE IF YOU ARE

WHY SIGN UP?

Everybody should have the chance to find and
take part in dementia research.

Join Dementia Research provides that chance, and
can connect you to suitable

people affected by dementia.

The value of research.

Research helps us to understand
what causes dementia
and how we can prevent and treat it.

By registering, you can play an
important part in finding new ways

to diagnose, treat, manage and care

for people affected by dementia.

Helping future generations.

We can only register
"FIGHTING B
and we also need some information about you if you are registering
on health and welfare grounds.

Before completing this section, please
read Declaration B on page 7 carefully.

Although you are registering someone else, you can also send some information about you if you are registering
on health and welfare grounds.

If you do not hold this LPA, we will only

on health and welfare

grounds?

Do you have the same postal address as the

volunteer?

If yes, NO

Should communications to be sent directly to

the volunteer?

If you tick 'yes' in both of the above, both you
and the volunteer will receive a welcome pack.

Follow us:

@beattendementia

/joindementiaresearch

To request a large print version of this form, please email comms.jdr@nihr.ac.uk

or call one of the charity helpdesks.

Take part in dementia research. Find out more.

Register your interest in dementia research today.

Delivered in partnership by

Join Dementia Research is a national service which enables you to be

about research studies that you may be able to take part in.

Sign up could take us a step closer to beating dementia.

Register today. Complete the form inside, call one of our helpdesks or visit:

www.joindementiaresearch.nihr.ac.uk

The questions below are used to match you with a research opportunity. Please read the following and choose one option that best describes each of your symptoms.

- MILD COGNITIVE IMPAIRMENT
- ALZHEIMER'S DISEASE
- DEMENTIA WITH LEWY BODIES
- MILD COGNITIVE IMPAIRMENT
- MIXED DEMENTIA
- VASCULAR DEMENTIA
- COMMUNICATION DIFFICULTIES
- DEAFNESS
- DEMENTIA IN PARKINSON'S DISEASE

If you do not sign the relevant declaration to agree with the statements, you/the volunteer will not be registered and will not be considered for studies.

Once signed and completed, please seal the envelope addressed to: Join Dementia Research (CONFIDENTIAL)
66 Deans Court, Granta Park, Beddington, Sutton, Surrey, SM2 5AS, UK (INFORMATION)

Please provide the name of the hospital/ clinic/ treatment centre where you received the care.

• Your details (if you are signing yourself up as a volunteer) OR
• Your details (if you are authorising someone else to sign on your behalf)

If you do not sign the relevant declaration to agree with the statements, you/the volunteer will not be registered and will not be considered for studies.

• The volunteer is not related to the person who has a diagnosis or concerns about dementia.
• The volunteer has no other medical condition (see below). If yes, what is the volunteer's diagnosis?
• The volunteer is not currently taking any of the following medications (at the time this form was completed).
• The volunteer has no other medical condition.
• The volunteer is over 18 years of age.
• The volunteer is able to give informed consent.

If you experience difficulties completing this form, please sign and post it to the relevant charity helpline or email info@ji.re.uk to request a new form.

• Your details (if you are signing yourself up as a volunteer) OR
• Your details (if you are authorising someone else to sign on your behalf)

If you do not sign the relevant declaration to agree with the statements, you/the volunteer will not be registered and will not be considered for studies.

On these pages, please write either:

- YES
- NO

Date of birth (DD/MM/YYYY)

You must complete a form for each person who wishes to volunteer.

You can only complete one form for each volunteer.

If you have provided us with an email address, we will keep you up-to-date with research opportunities. You can choose not to receive these newsletters by post.

Please tick all that apply

• The volunteer will be able to travel to take part in a research study?
• How far would the volunteer be willing to travel to take part in a research study?
• How would the volunteer like to be kept informed about research studies?

The questions below are used to match you with an appropriate clinical trial. Please answer them as honestly and accurately as possible.

• Your details (if you are signing yourself up as a volunteer) OR
• Your details (if you are authorising someone else to sign on your behalf)

If you do not sign the relevant declaration to agree with the statements, you/the volunteer will not be registered and will not be considered for studies.

On these pages, please write either:

- YES
- NO

Any other medical condition

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