



Study Partner consent form for the UK Biobank Brain Health Study

Taking part as a Study Partner	I agree
I have read and understood the Study Partner Information Sheet dated 14/05/25 (version 3.0).	
I have had the opportunity to think about the information, ask any questions and have had these answered satisfactorily.	
I understand that taking part is my choice and that I can withdraw my consent at any time without giving any reason.	
I agree to answer questions about <<Participant name>> who is taking part in the UK Biobank Brain Health Study.	
I give permission for the data collected in this study to be stored long-term for health-related research (even after my incapacity or death).	
I agree to take part in the Brain Health Study on this basis.	
Future re-contact	I agree
I agree that my personal information can be kept confidentially and securely for the purpose of being recontacted by UK Biobank. I understand I am under no obligation to take part in any future studies.	
I agree to be contacted about future UK Biobank activities that I may wish to take part in.	

_____	_____	_____
Study Partner name	Date	Signature
_____	_____	_____
Staff member name	Date	Signature