Participant ID: [ ]

Developing EVIdence for AntidepreSsant ChoicE to Treat Depression in Huntington's Disease
Chief Investigator: Duncan McLauchlan & Cheney Drew

Study Partner Consent Form V1 06/11/2025

Please complete the consent form by initialling all the boxes and signing below

		Please Initial Box
1	I, [name of Study Partner] have been asked to help support [name of participant] in the DEVISE-HD trial. I confirm that I have read the Information Sheet in a format that is accessible to me, version XXXX, dated XX/XX/XXXXX.	
2	I have had the chance to ask questions about the trial and have had them answered clearly.	
3	I understand I may be invited to help the person I support complete some assessments, if they would like my support.	
4	I understand that my participation is voluntary. I understand I can stop being a study partner at any time, without giving a reason. This won't affect the care or rights of the person I support	
5	I understand that my contact details will be held at the Centre for Trials Research (Cardiff University) according to the 2018 Data Protection Act. I understand that this information will be kept secure and private and that no personal information will be used in the study report or other publications	

We understand that supporting someone in research can feel emotionally complex. If anything feels unclear or overwhelming, please speak to the trial team — your wellbeing matters too.

Participant	Signature	Date

Witness (if required)	Signature	Date

Person taking consent	Signature	Date

One copy **(original)** to be kept in the hard copy DEVISE-HD site file. One copy to be given to the study partner. One copy to be kept in the patient's medical notes.

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