

**Full Reply Form**

**STOP Diabetes Research Study**

Please tick 1 of the boxes below.



**Yes.** I want to take part in the STOP Diabetes research study.



**No.** I do not want to take part in the STOP Diabetes research study.



Please tick



this box if you have completed this form



Please tick



this box if your carer has completed this form



My name is:



My address is:



My telephone number is:

Signed by you





Name of carer:

Relationship:



Address:



Telephone:

Are you happy to support this person in the research study?

**Yes.** I am happy to provide my support.

**No.** I do not want to provide my support.

Has the person decided to take part in the STOP  
Diabetes research study?

Yes

No

Or have you decided for them in their best interests?

Yes

No

Signature



Thank you for filling in this reply form.



Please put this form in the envelope we have sent to  
you



The envelope does not need a stamp.  
Please post this envelope back to us.  
OR  
Ask a parent or carer to post it back.