



**Appendix B**

**Consent Form**

Name of Study: \_\_\_\_\_

Purpose of Study: \_\_\_\_\_

\_\_\_\_\_

I confirm that I have read and understood the information provided for the above study. I am aware that by signing the consent form I am agreeing to participate in this research on a voluntary basis and that I can withdraw from the research at any time. I understand that any information I provide during the research is confidential and shall not be used for any purpose other than the research project outlined above. The data shall not be shared with any other third-parties and shall be deleted once the purpose of the research has been achieved.

<b>Tick as appropriate</b>	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
I hereby agree to take part in the above mentioned project.			
I agree that my personal details appear in the final analysis			
I agree that the person named below records my interview. It has been explained to me how this material will be used.			

Date: _____	Signature: _____
Name of Interviewer: _____	
Name of Interviewee: _____	