

**Interview Study –  
Research into Services for Older Adults**

**RETURN THIS FORM IF YOU ARE INTERESTED IN TAKING PART**

**I have read the information sheet and am interested in being interviewed for this study.**

**My name is.....**

**My telephone number is.....**

**My town/city is.....**

**OR, DON'T telephone me, INSTEAD please call**

**Name.....**

**Number.....**

**Relationship to me.....**

**MY address is (OPTIONAL – you do not have to tell us if you do not wish)**

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**POST THIS TO US IN THE ENVELOPE PROVIDED.**

**YOU DO NOT NEED TO ADD A STAMP.**

**Send it to [Name], Division of Public Health,**

**University of Liverpool. L69 3GB**

**0151 \*\*\*\***