

--	--	--	--	--	--	--	--	--	--

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Please could you fill out your contact details below:

Full name

House number and street

City/town

County

Post code

--	--	--	--	--	--	--	--	--	--

Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Landline home

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Landline work

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Please could you fill out your GP details below:

Full name

House number and street

City/town

County

Post code

--	--	--	--	--	--	--	--	--	--

Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please turn over

Ethnicity

White

- English/Welsh/Scottish/
Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background
(please specify):

Mixed / multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic
Background (please specify):

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
(please specify):

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean
Background (please specify):

Prefer not to say

Other ethnic group

- Arab
- Any other ethnic group
(please specify):

Informed Consent

FOR OFFICE USE ONLY	
Candidate Initials <input type="text"/> <input type="text"/> <input type="text"/>	

REPOSE Qualitative Study - Interview sub-study
Today's date

Thank you for reading the information sheet about the interview sub-study. If you are happy to participate then please complete and sign the form below.

Please initial the boxes below to confirm that you agree with each statement:

- | | Please
initial box |
|--|---|
| I have read and understand the information sheet dated 7th Jan 2011 (version 01) for the above study and have had the opportunity to ask questions. | <input style="width: 50px; height: 20px;" type="text"/> |
| I have received satisfactory answers to all of my questions. | <input style="width: 50px; height: 20px;" type="text"/> |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. | <input style="width: 50px; height: 20px;" type="text"/> |
| I am willing to have my interview tape-recorded. | <input style="width: 50px; height: 20px;" type="text"/> |
| I agree to take part in the above study. | <input style="width: 50px; height: 20px;" type="text"/> |

Name of participant

Today's date

Signature

**Person obtaining
consent**

Today's date

Signature
FOR OFFICE USE ONLY

 DAFNE number /