## improve

## **CONSENT FORM**

Participant Identification Number for study: .....

## Improving Patient Experience in Primary Care: Interviews

## Please tick the appropriate boxes

Taking Part	X	
I have read and understood the project information sheet dated 12/09/2012	Yes	No
I have been given the opportunity to ask questions about the project.		
I agree to take part in the project. Taking part in the project will include being interviewed and audio recorded		
I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part.		
Use of the information I provide		
I understand my personal details such as my name and address will not be revealed to people outside the project.		
I understand that my words may be quoted in publications, reports, web pages, and other research outputs.		
Name of participant [printed] Signature Date		
Name of researcher [printed] Signature Date		
IMPROVE Project Office Primary Care Unit, University of Cambridge, Institute of Public Health Forvie Site, Robinson Way Cambridge CB2 0SR Telephone: 01223 330596 Email: improve@medschl.cam.ac.uk		