

Appendix 22

Consent form for participants



Community Health Sciences: GP Section

The University of Edinburgh

Doorway 3, Medical School, Teviot Place
Edinburgh, UK

Participant Identification Number:

CONSENT FORM

Adapting health promotion interventions for ethnic minority groups

Researchers: Jing Jing Liu and Emma Davidson

		Please <u>initial</u> next to each statement
1.	I have read and understand the information sheet dated 04 August 2010 (version 3) for the above study and have had the opportunity to ask questions	
2.	I understand that I do not have to take part. It is my choice and I can change my mind at any time if I want.	
3.	I understand that whether I take part or not, it won't affect my current work or my rights in any way.	
4.	I agree to the audio recording of the interview. I understand that recordings will be kept safe so that no one except the researchers can hear them.	
5.	I agree that you can write down what I tell you, and use my exact words in your reports if you want to.	
6.	I understand that you won't put anything in your reports that could be used to identify me (e.g. my name or where I work).	
7.	I agree to additional contacts by the researchers after the interview for clarification or further information, when necessary	
8.	I agree to take part in this study.	

Name of Participant

Signature

Date

Researcher

Signature

Date

Researcher

Signature

Date