

CONSENT FORM

Title of Project: Implications for the NHS of Inward and Outward Medical Tourism

1. I confirm that I have read and understand the Research Participant Information Sheet given to me for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reasons, or my legal rights being affected. I am also free to refuse to answer any question.

3. I agree to take in this study. I understand that all information collected from this project will be kept strictly confidential and all data will be anonymised.

4. I agree for the interview to be tape-recorded.

Name of Participant

Date

Signature of Participant

Name of Witness

Date

Signature of Witness