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Participant Identification Code for this study:

CONSENT FORM

Commissioning for Long Term Conditions

Researchers:

Stephen Peckham, Sally Kendall, Tricia Wilson, Fiona Brooks & Lorraine Williams

Please initial box

1. I have read and understand the information leaflet

dated 6/1/10 (version 1) about the study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. 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.

3. I understand that data collected during the study may be looked at by individuals from the research team, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research.

4. I agree to take part in the above study.

Name of participant Date Signature

Name of researcher Date Signature

When completed, 1 for participant, 1 for researcher