



CASPER Plus GP Interview Consent Form

Contact Name:



**Contact
Details:**

**Please initial each
box**

1. I confirm I have read and understand the information sheet for this study [v2.1 10Oct12] and have had the opportunity to ask questions.
2. I understand that my participation in an interview for this study is voluntary and I am free to withdraw at any time without giving any reason.
3. I understand that the interview will be recorded on a digital voice recorder and the sound file stored on a secure computer at the University of York.
4. I understand that the interview will be strictly confidential and that I will be anonymous in any written reports from the research.
5. I understand that anonymous written quotations from the interview may be used in presentations and in teaching.
6. I understand that my details (e.g. name, address) will be strictly confidential, stored securely at the University of York and will not be passed on to any individual within or outside the University.
7. I agree to take part in the above study by taking part in the interview.

Name of General Practitioner (print)

Date

Signature