

Patient ID:

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**Study Title: Attitudes to the Bowel Cancer Screening Programme  
CONSENT FORM**

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

**Name of Researchers:** Cecily Palmer and Mary Thomas  
**Contact number:** 020 7679 5632

**Please tick each box**

1. I have read and understand the patient information sheet dated 31/03/2011 (version 2). I have had time to think about the study and to ask questions.
2. I know that I can leave the group discussion at any time, if I want to, without giving any reason and without my medical care being affected.
3. I understand that all the information I provide for the purposes of this study will be kept strictly confidential.
4. I understand that the researchers will need to know my name, address and contact details. These will be used only to contact me about the study. I give permission for the researchers to have this information.
5. I agree to the group discussion being audio recorded and understand that these audio recordings will be stored securely and destroyed after the study is complete.
6. I agree that the researchers can quote sections of the group discussion in their reports – but they must make sure my name is never given out.
7. I agree to take part in this study.

I would like you to send me a summary of the findings when they are ready.

**Please tick:**

Yes /  No

Once you have ticked the boxes above, please sign below:

\_\_\_\_\_  
Name of participant    Signature                      Date

**Please give us the following information so that we are able to contact you:**

Your surname (or family name) .....  
.....

Please turn over →

Your forenames .....  
.....

Your postcode                      

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The best telephone number to contact you  
on:.....

**We would be grateful if you could answer the following questions about you to help us decide the best discussion group for you.**

**1. Please tick the correct box:**

- I am a man
- I am a woman

**2. What is your ethnic group (tick one)?**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> White                | <input type="checkbox"/> African/Caribbean | <input type="checkbox"/> Chinese     |
| <input type="checkbox"/> Indian               | <input type="checkbox"/> Pakistani         | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Other (please state) |  |                                      |

**3. What language would you prefer to speak in during the group discussion?**

- English
- Other (please state).....

**4. Employment: Please tick the correct box:**

- I am employed – my occupation is .....
- I am retired – my previous occupation was .....
- I am unemployed – longest held previous occupation.....
- I do not and did not work but my partner works or did work until retirement – My partner’s current or previous occupation.....

**THANK YOU FOR COMPLETING THIS CONSENT FORM  
PLEASE RETURN IT TO US IN THE FREEPOST ENVELOPE PROVIDED  
(no stamp is required)**