



Participant Identification Number for study:

CONSENT FORM (focus groups)

Title of Project: Improving Patient Experience in Primary Care (Individual Practitioner Feedback)

Please initial box

I confirm that I have considered the information sheet dated 12.7.11 for the above study and have had the opportunity to ask questions.	
I understand that participation is voluntary and that I am free to withdraw at any time.	
I agree to take part in the above study.	

Name

Date

Signature

Person taking consent
(If different from researcher)

Date

Signature

Researcher

Date

Signature