

Practice ID Number for study: _____



Improving Patient Experience in Primary Care

Exploratory trial of a real-time feedback intervention in general practice

PRACTICE CONSENT FORM (Exploratory Trial Phase)

(Please **initial** in box)

I confirm that the practice team has considered the study information sheet (Version 1.0b, dated 20 January 2014) for the above project and has had the opportunity to ask questions.

We understand that our participation in this study is voluntary and that the practice is free to withdraw at any time.

We agree to take part in the above study.

Print name
(Lead GP / Practice Manager)

Date Signature

Print name

Date

(Researcher)

Signature

1 copy for practice records; 1 copy for research team