Evaluating the Well Now course

**Principal Researcher:**

Please initial box

1. I have read and understood the participant information sheet and have had the chance to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that with my permission the interview/ focus group/

Consultation will be audio-recorded.

1. I agree to take part in the above study.
2. I understand that the data will be written up in publications I agree to the use of anonymised quotes and understand that I will not be able to be identified in any publications.

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Name of Participant Date Signature

Name of Person taking consent Date Signature

(if different from researcher)

Researcher Date Signature