|  |  |  |
| --- | --- | --- |
| Provider ID |  | For office use only |
|  | BL ID | Provider Name | Intervention | Volunteer | ES |
|  |  |  |  |  |  |  |

## Brightlife participant consent form

I consent voluntarily to be a participant in this survey (please initial in each box if you agree):

|  |  |
| --- | --- |
| I have read the information sheet, or it has been read to me and I understand it.  |  |
| I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction.  |  |
| I understand my participation is voluntary and I am free to withdraw my consent at any point without giving a reason. |  |
| I understand that my data will be written up in reports, academic journals etc and that I will not be identified. |  |
| I agree to take part in the study and consent to share my data with Brightlife, ECORYS & University of Chester. |  |

**Please turn over**

## Brightlife participant consent form continued

I consent voluntarily to be a participant in this survey.

|  |  |
| --- | --- |
| Your name: *(please print)* |  |
| Title |  | DOB |  |
| Address: |  |
| Telephone No: |  |
| Mobile No: |  |
| Email address: |  |
| Your signature: |  |
| Date: *[Day/month/year]* |  |