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

## Brightlife participant consent form

I consent voluntarily to be a participant in this survey and to provide the personal data collected for the purposes set out below (please **put your** **initials** 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 consent voluntarily to complete a questionnaire that asks about sensitive personal information |  |
| 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 anonymised data will be written up in reports, academic journals etc and that I will not be identified. |  |
| I consent to be contacted to be asked to complete future questionnaires |  |
| I agree to take part in the study and consent to share my personal data with Brightlife and my anonymised data with ECORYS & The University of Chester (see the Information Sheet for full details) |  |

**Please also complete the information on the next page.**

## Brightlife participant consent form (continued)

I consent voluntarily to be a participant in this survey.

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