

Consent Form

Title of the Study

Health 4 U

Name of Researchers

- Mr. Amdani Juma and the Health 4 U Research Team, African Institute for Social Development (Nottingham)
- Dr. Catrin Evans, Dr. Holly Blake & Katie Turner, University of Nottingham, School of Nursing, Midwifery and Physiotherapy
- Dr. Suzanne Suggs, Università della Svizzera Italiana (Lugano, Switzerland)

This form is to help you to decide whether or not you would like to take part in this study. Please fill it in after reading the information sheet provided.

Please place your initials in the boxes if you agree with the statements. If you have downloaded this form from the Health 4 U website, please either email your completed form to katie.turner@nottingham.ac.uk, or fill out the form and bring it to the focus group discussion you will be taking part in.

	Initials
I have read the information sheet describing the study.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that I can refuse to take part if I wish, without giving a reason and my refusal will not affect my ability to take part in future studies.	
I understand that I can withdraw from the study at any time without giving a reason without prejudice.	
I know that I can ask the researcher for further information about the study at any time.	
I understand that all information I give will be confidential and anonymised, and that it will not be possible to identify any of the respondents in the study report.	
I understand that quotations from the study might be used in the final report and in other publications.	
I understand that quotations used will be anonymous and I will not be identifiable in any report or publication.	
I agree to take part in the above study.	
Name/Date: Signature:	
Name of person taking consent /Date: Signature:	