|  |
| --- |
| Participant ID Number:\_\_\_\_\_ |

STREET DENTIST: Understanding the oral health needs of homeless people in Leeds

**CONSENT FORM FOR THE FOCUS GROUP**

***Please initial each box***

1. I understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand this focus group is voluntary and that I am free to leave/stop taking part at any time during or even after its taken place, I can have my part taken out at a later date.

3. I am aware that after the focus group I will have the opportunity to review what was said.

4. I agree to a copy of this Consent Form being kept at [insert details].

5. I agree to take part in the study.

**Participant:**

Signature…………………………………………………………………………………

Name (block capitals)……………………………………………….……………………

Date………………………………………………….……………………………………

**Investigator:**

I have explained the study to the above named participant and he/she has indicated his/her willingness to participate.

Signature…………………………………………..……………………………………

Name (block capitals)……………………………………………….…………………

Date………………………………………………….…………………………………