

Perceptions of Partner Support?

CONSENT FORM

If you are happy to participate please complete and sign the consent form below.

Please initial box

1.	I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2.	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to my treatment/service/self.	
3.	I understand that my data will remain confidential	

I agree to take part in the above project

_____ Name of participant	_____ Date	_____ Signature
_____ Name of researcher	_____ Date	_____ Signature
_____	_____	_____

This Project Has Been Approved by the University of Manchester's Research Ethics Committee [2017-2488-4500].