**RESEARCH PARTICIPANT CONSENT FORM**

I, the undersigned, agree to participate in the research conducted by Stephanie Zylstra on the following conditions:

1. I freely volunteer to participate in the study and have written approval from my doctor or clinical nurse.

2. I am free to withdraw at any time from the study without penalty.

3. This research is looking at group behaviour and no individual’s data will be examined.

4. The personal identity of participants will not be revealed in the written thesis or to any persons not involved in the study.

5. The chief investigator has answered any questions I had regarding the nature of the research methodology.

6. I have the right to receive feedback as to the outcome of the research upon request.

7. I have read and understood all of the above points concerning this research.

8. I am over 18 years of age.

Name of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_\_/ 2015

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If you would like to receive notification of the findings of this research, please provide your contact address (postal or email) in the section below. Upon completion of this study, you will be notified of the overall results of this study.

I would like to receive further information about the research I have participated in. When it is finalised, please send the main findings to:

Name: .............................................................................................

(E)mail address: .............................................................................