MARTIN HOUSE SERVICE EVALUATION

**Consent Form**

Please read and answer every question.

**TO COMPLETE**

 **YES NO**

Do you understand what the project is about
and what taking part involves? [ ]  [ ]

Do you understand that you do not have to take part
and that if you do, you can leave the project at any time
without giving a reason? [ ]  [ ]

Do you understand that the information you share will
be used to write a report about Martin House services? [ ]  [ ]

Do you understand that your name will not be identified
and that the information you share will not be given
to anyone else? [ ]  [ ]

**Would you like to take part in the project? [ ]  [ ]**

 If yes, is it OK to record your interview? [ ]  [ ]

Name of participant:

Signature of participant:

Name of researcher:

Signature of researcher:

Date of interview:

You will be provided with a copy of this consent form by post.