**Participant Consent Form for Questionnaire- Attenders**

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| **Study title:** **Understanding Participation in the National Digital Diabetes Prevention Programme** |

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|  | **Initials** |
| I have read and understood the **Information Leaflet** about this study and I have had the opportunity to ask questions. |  |
| I understand that I don’t have to take part in this study and I understand that this will not affect my future medical care. |  |
| I have been given a copy of the Information Leaflet. |  |
| I consent to take part in this research study having been fully informed of the risks, benefits and alternatives. |  |
| I give informed explicit consent to have my data processed as part of this research study. |  |

Participant Name (Block Capitals) :

Participant Signature:

Date:

--------------------------------------------------------------------------------------------------------- Researcher Name (Block Capitals) :

Signature:

Date: