**

**CONSENT FORM for**

**Questionnaire**

**Physiotherapists/student physiotherapists**

**Exploring the impact of non-medical prescribing on the role identity of physiotherapists.**

Name of researcher Colin Waldock

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| --- | --- |
| I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily | Initial Here |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason. Contact details of researcher belowColin Waldock – c.waldock-551@kent.ac.uk | Initial Here |
| I understand that any personal information collected during the study will be anonymised and remain confidential | Initial Here |

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Name of Participant (Print) Signature Date

Name of person taking consent Signature Date

(if different from the researcher) Where possible, this is normally signed and dated in presence of the participant