

## Consent Form for Interviews:



**Title of the project:** End of Life Care Perspectives of Older South Asian people

**Name of the Researcher:** **Munikumar Ramasamy Venkatasalu**

Please  
initial box

1. I confirm that I have read and understood the participant information sheet dated 02/01/2008 Version 3 for above study.
2. I confirm that I have had opportunity to ask questions, discuss the study and have been answered satisfactorily.
3. I understand that my study participation is absolute voluntary and that I am free to withdraw at any time, without giving any reason, without my future medical care or legal rights being affected.
4. I agree to be audio recorded the study in which I take part for the purposes of the research. I understand that I may ask for the recording to be stopped at anytime.
5. I agree to the use of extracts and results from the study in published reports and presentations resulting from the study.
6. I understand that all the personal details will be removed and I will not be identified in any published work or other output from the Research.
7. I agree to take part in the above study.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of the person  
taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature