**ELC programme: add programme name**

**Consent form**

1 COPY FOR PARTICIPANT, 1 COPY FOR ELC PRACTITIONER

*PLEASE INITIAL*

1 I confirm that I have read and understood the information sheet for the this service improvement programme and have had the opportunity to ask questions

2 I understand that my participation is voluntary and that I am free to
 withdraw at any time

3 I understand that a summary of any interview conducted will be sent to me. I can ask for any comments I have made to be removed from it

4 I understand that my comments (or part of them) may be
 reproduced in formats such as video, paper and/or electronic to benefit the service improvements based on user experience This will include in health and other related industries both within and outside the add country

5 I understand that any of my comments used may be edited and will
 appear anonymously

6 I agree to take part in the above improvement programme

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*NAME PERSON DATE SIGNATURE*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*NAME ELC PRACTITIONER DATE SIGNATURE*