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Centre Number:

Project Number:

Subject Identification Number for this trial:

## CONSENT FORM

**(This will be sought verbally due to the research methodology)**

**Title of Project:** Second Phase Evaluation of the “Eat Better Feel Better” Cooking Programme delivered by NHS Greater Glasgow and Clyde.

**Name of Researcher(s): Nurie Syazwani Athifa, Dr. Ada Garcia, Dr. Alison Parrett**

###  Please initial box

Iconfirm that I have read and understand the information sheet dated \_\_\_\_\_\_\_\_\_\_

(version \_\_\_\_\_ ) for the above study and have had the opportunity to ask questions.

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

any time, without giving any reason, without my legal rights being affected.

I agree to take part in the above study.

#### Name of subject Date Signature

#### Name of Person taking consent Date Signature

(if different from researcher)

#### Researcher Date Signature

(1 copy for subject; 1 copy for researcher)