

CONSENT FORM**SMALL-SCALE EVALUATION**

TITLE OF PROJECT: Intervening on hypertension in Zambia; development of a culturally sensitized lifestyle programme to reduce disease incidence in urban areas

Name of Researcher: Dr. Phallon B Mwaba

1st supervisor: Dr. Cindy Gray

2nd supervisor: Dr. Christopher Bunn

3rd Supervisor: Professor Sally Wyke

1. I confirm that I have read and understood the Participant Information Sheet for the above study 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, without giving any reason.
3. I acknowledge that I will participate in activities and respond to questionnaires/interviews during this programme and that the interviews will be audio-recorded. I also understand that I will be observed while I take part in activities.
4. I acknowledge that in this research, I will not be mentioned by name to ensure my identity remains unknown; and that information will only be accessed by the researcher and always kept in secure storage.
5. I understand that the material with no information that can be used to identify me will be retained in secure storage for use in future academic research for a maximum of 10 years. All material with information that can be used to identify me will be destroyed at the end of the study.
6. I understand that other authenticated researchers may be given access to my information (but with my personal details removed).
7. I understand that my confidentiality will be respected unless there are compelling and legitimate reasons for this to be breached. If this was the case, I would be informed of any decisions that might limit my confidentiality.

Tick the appropriate box:

I agree to take part in this research study

I do not agree to take part in this research study

Name of Participant Signature Date

Name of Researcher..... Signature..... Date