Do you consent to take part?

Please read each of the following points and tick the box if you agree. Just ask If there is anything you don't understand or you are unsure about.

1.		derstood the information sheet for the me	•	
	νιται το σχροσίου σ	, , , , , , , , , , , , , , , , , , , ,		
			Γ	
2.	I understand that ta	aking part is voluntary		
3.		o be audio-recorded during the onat I say will be anonymised	discussion. I understand that any	,
			l	
4.	I confirm that I have been given the opportunity to ask questions about the study and			
	I asked, my questions were answered fully			
Yo	ur name (print)			
Yo	ur signature		Date	
Researcher's signature			Date	

Thank you for this information.