

Consent Form

The prescription of antibiotics for acute respiratory tract symptoms: Interviews about patients' expectations, management by non-medical prescribers, and patient satisfaction

- I the undersigned voluntarily agree to take part in the above study
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS)

Signed

Date

Name of researcher/person taking consent
(BLOCK CAPITALS)

Signed

Date