

CONSENT FORM- RAINE SPECIAL STUDY

I _____ have read the information letter and any questions that I have asked have been answered to my satisfaction. I agree to participate, realising that I may withdraw at any time. I understand that all information will remain confidential .

I agree that the research data gathered for the study may be published provided that my name is not used.

Your signature

Date

Researcher

Date

B. Bell

8.6.94