

Headed paper

CONSENT FORM

Study – The experience of spiritual healing in women with breast cancer who are receiving long term hormonal therapy

Researcher – Fiona Barlow

Supervisor – Dr. Jan Walker

Please initial inside each box:

I confirm that I have read and understand the information sheet 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 a reason, without any medical care or legal rights being affected.

I agree to the use of video recording equipment during the healing sessions.

I agree to my interviews being audio taped for the purpose of the analysis

I agree to my GP being informed of my participation in the study

I agree to take part in the above study

Name of patient

Signature

Date

Researcher

Signature

3 copies – patient / researcher/ file