



**The role of hospital managers in the development and implementation of strategies that support a sustainable and universal health coverage in Europe.**

CONSENT FORM

*The participant should complete the whole of this sheet*

*Please tick the appropriate box*

	YES	NO
Have you read the Research Participant Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received satisfactory answers to all your questions?	<input type="checkbox"/>	<input type="checkbox"/>
Who have you spoken to?  _____		
Do you understand that you will not be referred to by name in any report concerning the study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to withdraw from the study:		
• at any time?	<input type="checkbox"/>	<input type="checkbox"/>
• without having to give a reason for withdrawing?	<input type="checkbox"/>	<input type="checkbox"/>
• without affecting your reputation?	<input type="checkbox"/>	<input type="checkbox"/>
I agree to my interview being recorded.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the use of non-attributable direct quotes when the study is written up or published.	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to take part in this study?	<input type="checkbox"/>	<input type="checkbox"/>

**Signature of Research Participant:**

**Date:**

**Name in capitals:**

**Witness statement**

**I am satisfied that the above-named has given informed consent.**

**Witnessed by:**

**Date:**

**Name in capitals:**

Researcher name: Cyril Branet	Signature:
Supervisor name: Dr Claire Donovan	Signature: