

Appendix 5**INFORMED CONSENT FORM**

(To be completed by the participants of the focus group)

Date:**Title of Research Project:**

A study of the demographic and epidemiological factors affecting referral rates between chiropractors and homeopaths in the greater Durban Metro area.

Name of Supervisor: Dr C. Korporaal**Name of Researcher:** Mr Kumaran D. Pillay**Please circle the appropriate answer**

Yes/No

1. Have you read the research information sheet? Yes/No
2. Have you had an opportunity to ask questions regarding this study? Yes/No
3. Have you received satisfactory answers to your questions? Yes/No
4. Have you had an opportunity to discuss this study? Yes/No
5. Have you received enough information about this study? Yes/No
6. Do you understand the implications of your involvement in this study? Yes/No
7. Do you understand that you are free to:-
 - a) withdraw from this study at any time? Yes/No
 - b) withdraw from this study at any time, without giving reasons? Yes/No
 - c) withdraw from this study at any time, without affecting your future health care or relationship with the Chiropractic Day Clinic at the Durban Institute Of Technology? Yes/No
8. Do you agree to voluntarily participate in this study? Yes/No
9. Who have you spoken to regarding this study?

If you have answered 'No' to any of the above questions, please obtain the necessary information from the researcher and/or the supervisor before signing. Thank you!

Please print in block letters:-

Participant Name: _____ **Signature:** _____
Witness Name: _____ **Signature:** _____
Researcher's Name: _____ **Signature:** _____
Supervisor's Name: _____ **Signature:** _____