1. I confirm that I have been fully informed about my involvement in the Movement as Medicine for Type 2 diabetes study. I have read and understood the Participant Information Sheet dated 12.03.2012 version 1.1 for the study and have had an opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I agree to take part in the above study.

Name of Healthcare professional
__________________________________________
Signature ___________________________ Date _____________

Researcher
__________________________________________
Signature ___________________________ Date _____________

Name of Person taking consent (If different from researcher)
__________________________________________
Signature ___________________________ Date _____________

Please initial
1. I agree, that if selected I will allow up to four of my diabetes review appointments with each patient recruited to be video recorded for the purpose of this research.

2. I agree, that if selected I will take part in an interview with a researcher from Newcastle University for the purpose of this research.

3. I agree, that if selected I will take part in a focus group discussion with a researcher from Newcastle University and other primary care practitioners recruited to the study for the purpose of this research.

Name of Healthcare professional  Signature  Date

__________________________________  ________________________________

Researcher  Signature  Date

__________________________________  ________________________________

Name of Person taking consent (If different from researcher)  Signature  Date

Practice Name:

Practice Identification Number:

Participant Identification Number:

1 copy for researcher; 1 copy for patient; 1 copy to be filed within medical record