

APPENDIX F- LETTER OF PERMISSION
CAMPUS HEALTH SERVICE

Dear Client

A research study will be conducted by Sr R. Adams at the Campus Health Service Clinic during the course of 2013. The proposed study concerns service delivery at the sexual health clinic. Your input would therefore be valuable.

This document merely seeks your permission to be contacted and NOT to actually participate in the study.

It would be appreciated if you would consider completing the document in order for Sr. R. Adams to contact you for possible participation in the study.

Should you consent to be contacted please complete the section below.

I, (Full name and Surname)_____ grant permission for Sr R. Adams to contact me telephonically on (mobile Nr)_____ .

I completely understand that permission is granted to be contacted only and that by signing this document I am not consenting to participate in the research project.

CLIENT:

PRINT NAME:

SIGNATURE:

DATE:

RESEARCHER:

PRINT NAME:

SIGNATURE:

DATE: