**PROJECT TITLE: Benchmarking for Healthy Stores**

**Participation Agreement**

This means you can say NO

**I agree that:**

* I am in a position to respond to this request on behalf of the store I represent.
* A project information sheet has been provided and explained to me, which outlines the aims of the project and what is requested from the store I represent.
* I have been informed that I can say No and that I can withdraw from the project at any time.
* I understand that if a store visit is requested by the research team, that this will be negotiated with me and/ the store manager, and that should individuals consent to participate in this project they will do so voluntarily.
* I understand that my store/community may or may not receive the Benchmarking for Healthy Stores strategy
* I understand that the community and store’s name and individual participant names will not be used in any writing made public unless specifically requested by all participating communities and confidentiality will be respected in all aspects of the project.

**I agree to: (please circle yes or no)**

|  |  |  |
| --- | --- | --- |
| Participation in the Benchmarking for Healthy Stores Project | **Yes** | **No** |

**Community: [community name] Store Name: [store name]**

**Store Board Chairperson/Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Investigator:** Julie Brimblecombe

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**