

## CONSENT FORM

I \_\_\_\_\_ was explained what the study of client satisfaction with regard to accessibility of primary health care services in Molemole municipality of Limpopo Province entails and I voluntarily participate in providing the information on the questionnaire.

I understand that the information will remain anonymous and that I can withdraw from the study at any point in time.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_