

ANNEXURE C

CONSENT FORM

I, _____, was given an explanation about what the study '*Client satisfaction with regard to accessibility of primary healthcare services in Molemole Municipality of Limpopo Province*' entails, and I voluntarily participate in providing information on the questionnaire.

I understand that my identity will not be make known and that I can withdraw from the study at any point in time.

SIGNATURE: _____

DATE: _____