

EDEN study: Indication of Interest

Please fill in this form to tell us whether you would like to take part in the study:

Please initial the box you have selected

My child and I are interested in taking part in the study

My child and I are **NOT** interested in taking part in this study

Parent name: _____

Child name: _____

Date of birth: _____

Home telephone number: _____

Mobile: _____

Best time to contact you: _____

Address:
