

REB Appendix P4.2: **ACRN-IAP Expression of Interest to participate Form:** \_\_\_\_\_

Name of Project Staff person/                      City

# & Date	Name of a person	Telephone #	E-mail address	Remarks e.g. indicate if interested in participating as: a) individual or community leader; b) Referral to another outreach worker; c) Follow-up reminders to complete the questionnaire etc.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Hand over original copy of this form to the Lead Researcher via ACRN office: \_\_\_\_\_

Date handed in

Signature