

**INFORMED CONSENT FORM – FOR FOCUS GROUP**

**TEMPLATE**

**Title of the Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Introduction**

Hello

Thank you for your interest in this study. I am a research investigator in this study. ***(Provide your short bio information, your organization or if you are an independent researcher/working with a team of researchers).***

**Purpose of the Research**

The purpose of this study is to explore and understand the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will be examining how \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will also investigate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Participant Selection**

You have been selected to be a part of this study because you are ***\_\_\_\_\_\_\_\_\_(provide the inclusion criteria).*** We believe that your experiences will greatly contribute to understanding the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Voluntary Participation**

Your participation in this study is voluntary and in no way you should feel coerced or forced to engage in this focus group discussion. If you feel uncomfortable at any point, we will immediately stop the focus group discussion and resume later when you are at ease or discontinue completely.

**Procedures *(this is a template; you will need adapt the script to provide specific details of how the focus group discussion will be conducted).***

This is a focus group discussion. I will be moderating this discussion via \_\_\_\_\_\_\_\_\_\_\_\_\_(describe the mode: face to face, WhatsApp voice/video chat or Skype or Google meet). During the focus group discussion, I will initiate the discussion by asking few questions relating to the problem under study, like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Only the participants selected for the group discussion will be present at the selected venue.

**Confidentiality**

The voice/video recording of the focus group discussion will be done. You will not be identified by your name on the recording device and your name will not be documented anywhere in the discussion. All information will be treated as confidential. The audio/video recording will be done for data transcription purposes. Once the discussion is transcribed, the recording will be deleted. All electronic files will be password protected and only the investigator/s will have access to it. All demographic information collected will be anonymized and will not be linked to your identity. While the investigator(s) will keep your information confidential, there are some risks of data breeches when sending information over the internet that are beyond the control of the investigator(s).

**Benefits**

This study will afford the participants the opportunity to voice their lived experiences, opinions, and feelings as these relate to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Participating in this study may not benefit you directly, but it will help us learn and understand about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Additionally, you will be adding to the pool of knowledge on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_which will have future implications on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Reimbursements**

No payments will be received for participating in this study. ***(However, you can mention if the payments are included whether in kind or cash and for what purpose whether for compensating for time, travel or meals).***

**Risks**

There are no risks involved in this study. (***However, you need to specify the risk levels if those are negligible, low, moderate or high. Please ascertain the level of the risk involved in your study by going through this table:***

 **\_\_ No known risks**

**\_\_Negligible (*where there is no foreseeable risk of harm or discomfort; and any foreseeable risk is not more than inconvenience)***

**\_\_ Low (*where the only foreseeable risk is one of discomfort*)**

**\_\_ High (*where the risk, even if unlikely, is more than inconvenience, the research is not negligible risk*)**

You can choose to withdraw from the study at any point. If you experience any mental trauma or stress on account of participating in this focus group discussion, a professional help will be made available to you at no cost. (Provide a helpline number for professional help, it can include a government number).

**Contact Information**

If you have any questions regarding your rights as a research participant, please contact the Institutional Review Board (IRB) Co-Chairperson, Dr. Susan Chand at chands@usc.edu.tt or call at 1-868-662-2241/42 EXT 1012.

**Questions?**

For any questions you may contact us at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by the Participant**

I have understood the foregoing information read to me/I have read. I have had the opportunity to ask questions about this study and any questions I have asked have been answered to my satisfaction. I hereby consent to voluntarily participate in this study.

\_\_\_\_(please tick) Consent by the Participant – I agree to participate in this study

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_