Add Your Logo Here Focus Group Consent Form

Thank you for agreeing to participate in our focus group. Your participation in this focus group is completely voluntary. You can choose whether or not to participate and you may choose to stop at any time. You do not have to respond to any question you are not comfortable answering.

Purpose

You have been invited to participate in a focus group to help our program [name of program] better understand [explain issue]. The information learned in this focus group will be used to [explain how the information will be utilized in the future].

Ground Rules

- Listen respectfully to one another, speak one at a time.
- There are no right or wrong answers we just want to know what you think, all voices and opinions matter.
- Notes will be taken but everything that is said will be kept confidential and stored in a password protected file. No names will be used in findings and/or reports.
- If you want to share an example from your community or work, do so in a way that maintains confidentiality.
- Please respect one another's confidentiality so everyone can speak honestly and candidly. That said, we cannot guarantee what others will say after the group ends to please keep that in mind when you are sharing.

Benefits and Risks

While your participation may not directly benefit you, your participation will benefit [describe in detail].

Discussions of this nature can be difficult at times. As a result of listening to and responding to questions about personal or professional experiences, you may feel distressed or experience psychological or emotional trauma. We will try to minimize the risks by having an advocate available should you wish to speak to someone during or after this meeting. You may also take their card and set up a time to chat at a later date. Remember, you may leave the meeting at any time, and you can choose to not answer any question(s).

Contact

If you have any questions or concerns regarding this focus group, please contact	ct:
[Name of responsible party]	
[Email address]	
[Phone number]	

l understand	this information and agree to participate fully under the conditions s	tated above.
Sign name:		
Print name:		
Date:		

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Website Program Name Email/Phone