

## Informed Consent [FOCUS GROUP RESEARCH]

### Study Title

You are invited to participate in a research study about PURPOSE OF STUDY. This study is being conducted by NAME AND AFFILIATION OF RESEARCHERS. FUNDING SOURCE has provided funding for this study. You are invited to participate in this study because STATE WHY INDIVIDUAL WAS SELECTED

Participation in this study is voluntary. IF RELEVANT, INCLUDE: 1) WHO WILL KNOW, OR NOT KNOW THAT THEY PARTICIPATED; 2) NOT PARTICIPATING WILL NOT AFFECT ANY BENEFITS, SERVICES, ETC. RECEIVED NOW OR IN THE FUTURE.

If you agree to participate in this study, you would participate in a focus group [DEFINE THIS OR USE ANOTHER TERM, E.G. GROUP DISCUSSION, AS APPROPRIATE TO THE STUDY SAMPLE] with WHO ELSE WILL BE IN FOCUS GROUP. The focus group will be led by .... The topics that will be discussed during the focus group include.... The focus group will last ## minutes/hours.

The focus group will be audio-recorded in order to accurately capture what is said. If you participate in the study, you may request that the recording be paused at any time. You may choose how much or how little you want to speak during the group. You may also choose to leave the focus group at any time. The focus group will be audio recorded to ensure accuracy. You can ask to pause the recording at any time.

If you participate in the study, you will receive FILL IN for your time. You will also receive FILL IN (E.G., INFORMATION, RESOURCE LIST, ETC.).

Participating in this study may not benefit you directly, but it will help us learn .... You may find answering some of the questions upsetting, but we expect that this would not be different from the kinds of things you discuss with family or friends. [ANOTHER VERSION OF THE PREVIOUS SENTENCE: We do not envision any significant risks related to participation in this study. Participants may feel some pressure to reveal feelings or experiences to the group. If participants share their experiences with colleagues and peers, they may also feel vulnerable during or after the group.]

The information you will share with us if you participate in this study will be kept completely confidential to the full extent of the law. Participants will be asked not to use any names during the focus group discussion. Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others. Reports of study findings will not include any identifying information. Audio-recordings of the focus groups will be kept on a password-protected computer in Dr. [FACULTY NAME]'s locked office. After the focus group recording is typed it will be destroyed. The typed transcription will be kept on the password-protected computer and any printed

copies will be kept in a locked file cabinet in Dr. NAME'S locked office. Only LIST NAMES OR TITLES/AFFILIATION will be able to listen to the recording or read the typed version of the recording.

IF IT IS LIKELY THAT CHILD ABUSE OR NEGLECT MAY BE REVEALED DURING THE FOCUS GROUP, INCLUDE THE FOLLOWING: The only exception to the protection of confidentiality is if you talk about the abuse or neglect of a child by yourself or someone else, in which case the SOCIAL WORKER / OTHER MANDATED REPORTER is required by New York State law to report this to the Statewide Central Registry. This may result in an investigation to determine if the child or children you talked about are being abused or neglected.

If you have any questions about this study, please contact [NAMES OF PIS, PHONE NUMBERS AND EMAIL ADDRESSES]. If you have questions about your rights as a research participant, please contact Michele Kuchera, IRB Manager, Fordham University Institutional Review Board (718-817-0876 or IRB@Fordham.edu).

Your signature on this consent form indicates your agreement to participate in this study.

You will be given a copy of this form to keep, whether you agree to participate or not.

The second signed consent form will be kept by the researcher.

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I have read the consent form and all of my questions about the study have been answered. I understand that the focus group will be recorded. I agree to participate in this study.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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