INFORMED CONSENT FORM FOR ADULT

PART I: INFORMATION SHEET **(NB: Avoid the use of technical language or jargon)**

Title: [*Name of research project*]

Principal Investigator: [*Name*]

Address: [*Name of institution/company and complete address*]

General Information about Research

(A brief introduction of the researcher or the research team. State the objective of the research in easily-understood words. There must be a statement that the study involves research, an explanation of the purpose of the research and the expected duration of the participant's participation, a description of the procedures to be followed and the identification of any procedures which are experimental and what the participant(s) is/are supposed to do. All information about the research must be stated)

Procedures

To find answers to the questions in the [name of instrument], we invite you to take part in this research project. If you accept, you will be required to:

(the following applies only to focus group discussions) take part in a discussion with 7-8 other persons with similar experiences. This discussion will be moderated by [name of moderator] or myself.

(the following applies only to in-depth interviews) participate in an interview with [name of interviewer] or myself.

(the following applies only to questionnaire surveys) fill out a survey which will be provided by [name of a distributor of blank surveys] and collected by [name of the collector of completed surveys].

[Explain the reasons why a particular person is being selected to take part in the study]

(e.g. You are being invited to take part in this discussion because we feel that your experience as a social worker can contribute much to this discussion).

[Explain the type of questions that the participants are likely to be asked in the FGD or interviews or in the survey]

(***The following applies only to focus group discussions***) During this discussion, however, we do not wish you to tell us your personal experiences, but give us your opinion on the questions that we will pose to the group based on your personal experiences and your experience within your community. If you do not wish to answer any of the questions or take part in any part of the discussion, you may say so and keep quiet. The discussion will take place in [location of the FGD], and no one else but the people who take part in the discussion and the moderator or myself will be present during this discussion. The entire discussion will be tape-recorded, but **no-one will be identified by name on the tape**. Additionally, the tape will be kept [explain how the tape will be stored]. The information recorded is considered confidential, and no one else except [name of person(s) with access to the tapes] will have access to the tapes.

(***The following applies only to interviews***) If you do not wish to answer any of the questions posed during the interview, you may say so and the interviewer will move on to the next question. The interview will take place in [location of the interview], and no one else but the interviewer will be present. The information recorded is considered confidential, and no one else except [name of person(s) with access to the information] will have access to the information documented during your interview.

(***The following applies only to surveys***) If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question. [Describe how the survey will be distributed and collected]. The information recorded is considered confidential, and no one else except [name of person(s) with access to the information] will have access to your survey.

(***The following applies to all instruments***)

The expected duration of the [discussion, interview or survey] is about [length of discussion, interview, or survey] (e.g. 40-75 minutes).

Possible Risks and Discomforts

(Description of any reasonably foreseeable risks or discomfort to the participant in partaking or responding to the instrument. Include physical, social and psychological risk if anticipated.)

Possible Benefits

(*Specific statement about benefit(s) to individual(s) – researcher and participants) and/or society that can be reasonably expected)*

Alternatives to Participation

(Disclosure of appropriate alternatives of treatment, if any, which might be advantageous to the respondents must be indicated).

(This does not apply to all studies and is usually used for intervention studies)

Confidentiality

(A statement describing the extent, if any, to which secrecy of records identifying the respondents will be maintained. For example, "We will protect information about you to the best of our ability. You will not be named in any reports. Some staff of [list all groups that may access the research records] may sometimes look at your research records").

Compensation

(*If there are any reward packages either in cash or kind available for participants; they must be spelt out in terms of the actual amount to be given or gift to be given, conditions for receiving the package and when it will be made available to participants). Usually, compensation should be given at the end of the study*

Additional Cost

(Any additional cost to the participant that may result from participation in the research should be stated). **This does not apply to all studies**

Staying in the Research

(*If the research method is to be used with another method, list conditions of use and any exceptions to the exclusive use requirements).* (**This does not apply to all studies**)

Voluntary Participation and Right to Leave the Research

(*A statement that the research is voluntary and the participant can withdraw without penalty)*

Termination of Participation by the Researcher

(Any anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent must be specified). **(This does not apply to all studies)**

Notification of Significant New Findings

(A statement that significant new findings developed during the course of the research that may relate to the participant's willingness to continue participation will be provided to the participant). **(This does not apply to all studies)**

Contacts for Additional Information

(Give an explanation of whom to contact for answers to pertinent questions about the research and whom to contact in case of research-related injury. Give names and mobile numbers that are accessible to the participant). For students include the contact of your supervisor.

Contact of Ethical Review Board

This research has been reviewed and approved by the Institutional Review Board of the University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00 am and 4:30 p.m. through the phone lines 0558093143/0508878309 or email address: irb@ucc.edu.gh.

PART II: VOLUNTEER'S AGREEMENT

The above document describing the benefits, risks and procedures for the research title ***(title of research)*** has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

OR

I have read the above document describing the benefits, risks and procedures for the research title ***(title of research)***. I have been given an opportunity to ask any question about the research and this has been answered to my satisfaction. I agree to participate as a volunteer.

Volunteer's Name: ……....

Volunteer's Signature/Thumbprint……..

Date: **……**

If volunteer cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Witness's Name: …….

Witness's Signature/Thumbprint: ……

Date: ……..

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Researcher's Name: ……...

Researcher's Signature/Thumbprint…….

Date: **……..**