# SAMPLE CONSENT FORM FOR FOCUS GROUP

*(Use in conjunction with the* [*Informed Consent Checklist (Word)*](https://umaine.edu/research-compliance/resource/informed-consent-checklist/) *and* [*Informed Consent Guidance*](https://umaine.edu/research-compliance/human-subjects/informed-consent-guidance/) *on the Institutional Review Board [IRB] website)*

## (STUDY TITLE)

 You are invited to participate in a research project being conducted by (*name*), a (*faculty member, staff member, graduate student, undergraduate student*) in the Department of (*name*) at the University of Maine. *If the principal investigator is a student, also name the faculty sponsor, their title, and their department.* The purpose of the research is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You must be at least 18 years of age to participate. *The age statement is not always required. An example of when it is required is if the study involves the UMaine undergraduate student population. If there is a chance that someone in the population you are studying could be under 18, include the statement. There may need to other inclusion criteria listed, such as “You must be between 50-75 and have suffered a stroke in the last two years.”*

### What Will You Be Asked to Do?

 If you decide to participate, you will be asked to participate in a *(the approximate length)* minute focus group. *If multiple focus groups, state the number of sessions, time commitment for each and total time commitment. If the focus group is in-person, state when and where the interaction will occur or state how/when a Zoom session will be scheduled. Indicate the approximate number of people anticipated to be in the focus group. If the focus group will be recorded via Zoom or audio recorded using a handheld recorder, state that in this section. State here if it is required for participation that the interview be recorded OR if handwritten or typed notes will be taken should the participant not agree to the recording.*

### Risks

*Note that there is always some risk, at minimum the participant’s time and inconvenience. Listed below are examples.*

- Except for your time and inconvenience, there are no risks to you from participating in this study.

***Or***

- There is the possibility that you may become uncomfortable answering the questions. You may skip any questions at any time for any reason*. Provide referral resources if questions are very sensitive, e.g., depression, suicide, etc. Referral resources may include services offered by the institution, National Hotlines, etc.* *Either include the resources within the consent, or reference to resource information (i.e. see referral handout).*

### **Benefits**

***Two*** *benefit statements are required – benefit to participant* (*if any*) *and potential benefit of the research. Listed below are examples.* ***Note: Compensation is* not *a benefit.***

- While this study will have no direct benefit to you, this research may help us learn more about…

- You may learn how your energy level changes your mood. In addition, this research may help us learn more about…

### Compensation

*If you are not offering compensation, leave this section out.*

*List (1) the type and amount of compensation, (2) what qualifies participants for the compensation and (3) when/how compensation is awarded.*

*Below are examples:*

***Note:******See Item #8 on checklist for additional guidance if compensation exceeds $75****.*

- You will receive $X for participating in this study. You must stay for the entire duration of the focus group in order to receive this compensation. You will receive your compensation at the conclusion of the focus group.

- You may enter a raffle to win *one of two $25 Amazon gift cards*. You must stay for the entire duration of the focus group in order to enter the raffle. Winners of the raffle will be notified and receive their gift card via email no later than XXXX *(date).*

### Confidentiality

*Sample for when data are confidential, i.e., names are connected to data, typically by use of a code/key.* *Note: this is a sample; it may not fit your study. The important aspect is to tell people how the data will be kept to ensure confidentiality and how long it will be kept – or to inform that that it won’t be kept confidential, as in the case with some studies* (*e.g., oral histories*)*.*

 Your name will not be on any of the data. A code number will be used to protect your identity. A key linking your name to the data will be kept separate from the data in a locked office(*if paper*)and destroyed by (*date*). *If a key will be kept electronically, explain that it will be stored on a password-protected computer using software that provides additional security.* Data will be kept on a password protected computer and kept (*indefinitely or destroyed by date*). *Specifically address the retention of any audio, video, or film recordings. If the focus group will be recorded via Zoom, state that recordings will be removed from Zoom within 72 hours. If the focus group will be recorded via a handheld device, state when those will be removed from the device. If handwritten notes will be taken, explain the retention and destruction of those notes. List others who may have access to data, such as faculty advisor and/or others working on the project. If a transcription service will be used* (*instead of named researchers*)*, include that information.* Your name or other identifying information will not be reported in any publications. Due to the focus group format, I cannot guarantee that others will keep responses confidential but participants will be asked not to talk about the research outside of the group.

### Voluntary

 Participation is voluntary. If you choose to take part in this study, you may stop at any time. *Explain whether stopping will alter compensation to be received, e.g., “… stop at any time, but must stay for the entire duration of the focus group to enter the raffle/receive compensation.”* You may skip any questions you do not wish to answer.

### Contact Information

 If you have any questions about this study, please contact me at (*phone, e-mail*). You may also reach the faculty advisor *(if applicable)* on this study at (*phone, e-mail*). If you have any questions about your rights as a research participant, please contact the Office of Research Compliance, University of Maine, 207-581-2657 (or e-mail umric@maine.edu).

### Consent Statement

*If the researcher* ***intends to use any video/photographs*** *for educational purposes or in presentations/publications (even if the study is exempt), include the following section:*

Your signature below indicates that you have read the above information and agree to participate. You will receive a copy of this form.

I [ ]  **DO NOT**/ [ ]  **I DO** consent to any video/photographs resulting from my participation in this research to be used or shared for any educational purposes.

I [ ]  **DO NOT**/ [ ]  **I DO** consent to any video/photographs resulting from my participation in this research to be used or shared in any presentations/publications.

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Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature *(signature not required for* ***exempt*** *studies)* Date

***Or***

*If the study is* ***not exempt*** *from further review and the researcher* ***does not intend*** *to use any video/photographs for any purpose, continue with the following statement:*

Your signature below indicates that you have read the above information and agree to participate. You will receive a copy of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***Or***

*If the study is* ***exempt*** *from further review and the researcher* ***does not intend*** *to use any video/photographs for any purpose, continue with the following statement:*

Participating in the focus group indicates consent.