

## **Sample Consent Forms**

### **Individual Interviews**

#### **What Is This Study About?**

You are invited to participate in a research study entitled \_\_\_\_\_.

The purpose of the study is to identify gaps and barriers in services available to crime victims with disabilities in our community. You are being asked to participate because (a) you are a person with a disability, (b) you are a disability service provider, (c) you are a victim service provider, (d) you work in law enforcement, or (e) other

\_\_\_\_\_.

The study is being conducted by \_\_\_\_\_

\_\_\_\_\_

(name of project coordinator, agency name, address, phone number).

#### **What Will I Be Asked To Do?**

You will be asked to answer questions about services for crime victims with disabilities in our community, either from your personal or professional experience. Someone from our staff will take notes, but we will not attach your name to the notes. We estimate that it will take about 1 hour for you to answer the questions. You will only need to participate in one interview.

If you request, a professional, certified American Sign Language or Spanish interpreter will be used in this study. As a professional, this interpreter is required to keep confidential your name

and any information discussed in the session. This interpreter works for \_\_\_\_\_  
(agency).

### **What Are the Risks and Benefits of My Participation?**

You may become emotionally distressed when talking about your experiences. If you become distressed, you may stop or end the interview at any time. A trained service provider or advocate will be available to talk to you during or after the interview. In addition, we will provide written information about community resources for counseling and support.

Even though this project will not help you directly, the results may help \_\_\_\_\_  
(subrecipient) and its community partners improve services for future victims of crime with disabilities. Your decision whether or not to participate in this study will not affect any services you currently receive or will in the future receive through \_\_\_\_\_ (agency name).

### **Are There Any Costs?**

There are no costs for participating.

### **Will I Be Paid?**

You will receive \_\_\_\_\_ (describe reimbursement; where there is none, state as such) for your participation.

## **Your Rights and Confidentiality**

If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You have the right to withdraw your consent or stop your participation at any time without penalty. You have the right to refuse to answer particular questions or to decline any procedure. You may leave the meeting at any time.

Notes about what you say will be taken during your interview, but they will not include your name or any information that could identify you to others.

Every effort will be taken to protect the identity of the participants in the study. You will not be identified in any report or publication of this study or its results. However, there is no guarantee that the information cannot be obtained by legal process or court order.

Finally, you should understand that if you reveal that there is a current danger to yourself or to others, the person interviewing you may need to report that danger to authorities.

In group activities, you do not need to reveal your name. You may use a fictitious name if you wish. You must agree not to reveal anything you learn about other subjects from group discussions or other activities.

If you change your mind and do not want to be interviewed, contact \_\_\_\_\_.

The extra copy of this consent form is for you to keep.

## **Agreement Statements**

I have read and understand the information presented here, and I freely give my consent to participate in this research.

### ***Verbal Consent***

Do you have any questions before we begin? \_\_\_\_\_

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Is it okay to continue with the interview?

Verbal consent given: \_\_\_Yes \_\_\_No

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Signature of Interviewer Obtaining Verbal Consent

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Date

### ***Written Consent***

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Signature of Research Subject

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Date

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Printed Name of Research Subject

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Signature of Interviewer Obtaining Consent

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Date

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Printed Name of Interviewer Obtaining Consent