

**[SAMPLE CONSENT FORM]**  
**Consent to Participate in a Focus Group**  
*Process Evaluation of the Development of the Kansas City Youth Violence Prevention  
Coalition*

**Investigator**

This study will be conducted by Dr. XXX a faculty member in the College of Arts and Sciences at Park University.

**Invitation to Participate & Purpose**

You are being invited to participate in evaluating the process of coalition-building in the Youth Violence Prevention Project of Central City. Thank you for taking time out of your busy schedule to consider participation.

**Voluntary Participation**

Your participation in this evaluation is completely voluntary and you may withdraw your consent to participate at any time during the process. If you choose to do so, any information derived from your participation will be deleted from the evaluations findings.

**Methods/Procedures**

The methods of data collection for this study will be focus groups and individual interviews. The sessions will be audio-taped, and the audio-tapes transcribed, to ensure accurate reporting of the information that you provide. Transcribers will sign a form stating that they will not discuss any item on the tape with anyone other than the researchers. No one's name will be asked or revealed during the focus groups or individual interviews. However, should another participant call you by name, the transcriber will be instructed to remove all names from the transcription. The audio-tapes will be stored in locked files before and after being transcribed. Tapes will be destroyed within 2 weeks of completing the transcriptions and the transcriptions will be destroyed 3 years after the completion of this evaluation.

**Confidentiality**

If you choose to participate, you will not be asked your name at the focus group or individual interview. You will not need to use your name in the focus groups or individual interviews. If by chance, you or someone you know addresses you by name in the sessions, the transcriber will be instructed to delete all names from the transcription. Individuals from the Park University Institutional Review Board and Research Protections Program, and federal regulatory agencies may look at records related to this study for quality improvement and regulatory functions.

There will however be no names attached to the tapes or transcriptions, and there will be no identifying information or names used in any written reports or publications which result from this evaluation project. Your participation in this evaluation will be strictly confidential.

All findings used in any written reports or publications which result from this evaluation project will be reported in aggregate form with no identifying information. It is, however useful to use direct quotes to more clearly capture the meanings in reporting the findings from this form of evaluation. You will be asked at the end of the interview or focus group if there is anything you said which you do not want included as a quote, and we will ensure that they are not used.

### **Risks and Inconveniences**

There are no anticipated physical risks to participants. Focus group members will be asked to keep the information provided in the groups confidential; however, a potential risk that might exist for some would be that information about your workplace might be discussed outside the group by other participants and be traced back to you. If this is a potential issue for you, you are encouraged to ask for an individual interview with one of the researchers who would then be knowledgeable of and bound by confidentiality.

### **Benefits**

A potential benefit of participating in this evaluation for you could be having an opportunity to describe your experience with this Project with others who have shared the experience. Additionally, the opportunity to connect with other allies and share similar and divergent experiences may help clarify and validate your experiences within this Project. The benefits to society would be based on establishing a clearer understanding of the experiences faced by coalition members and some of the obstacles and benefits of being a member of such a community based coalition. This information can help the current coalition be more effective, and may provide guidance through lessons learned for future coalitions addressing similar issues.

### **In Case of Injury**

The Park University appreciates the participation of people who help it carry out its function of developing knowledge through research. If you have any questions about the study that you are participating in you are encouraged to call **(name)**, the investigator, at **(phone number)**.

Although it is not the University's policy to compensate or provide medical treatment for persons who participate in studies, if you think you have been injured as a result of participating in this study, please call the **(Chair's name)** of PARK UNIVERSITY's Institutional Review Board, at **(Chair's phone number)**.

**Questions**

If you have any questions about this study at any time, you may contact Dr. XXX at the Park University or you may phone him at 816-584-???? or e-mail him at [researcher@park.edu](mailto:researcher@park.edu) and he will be happy to answer any of your questions.

**Authorization**

You will be given a copy of this consent form to keep for your records.  
Once again, we thank you for taking time out of your busy schedule to participate in this evaluation process.

Printed Name of the Participant \_\_\_\_\_

Signature of the Participant \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of the Investigator \_\_\_\_\_

Signature of the Investigator \_\_\_\_\_