# **Appendix G: Consent to audio recording & transcription for focus group participant**

STUDY NAME:

RESEARCHER’S NAME & AFFILIATION:

The participant information sheet has explained that this study involves the audio your participation in the focus group. Neither your name nor any other identifying information will be connected with the audio recording or the transcript. The research team will be able to listen to the recordings. The audiotapes will be transcribed by the researcher and will used for this research. Transcripts may be reproduced in whole or in part for use in presentations or written products that result from this study.

Audio recordings will be stored in a locked office at xxxxxx Research Centre for a minimum of two years after publications resulting from the study or 6 years in the absence of publication.

By signing this form, I am allowing the researcher to audio record me as part of this research.

 Participant's Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Fieldworker/researcher signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_