**

*Instructions:*

1. *Enter the date of your request in the header above.*
2. *All bracketed, italicized instructions should be addressed and removed.*

*2. Complete and send electronically to* *irb@western.edu*

*3****. Please remove italicized instructions.***

**Focus Group Participant Consent Form**

I agree to participate in a focus group(s) described in this research project, which concerns *[named topic during specified time period]*. I understand that my comments will be *[if applicable: audio recorded, video recorded, transcribed, and*] used for a *[specify purpose: class project, Masters thesis, museum exhibit, publication]* to be conducted by *[researcher’s name and professional affiliation]*. The focus group(s) will take place *[list # of times and duration]*. I understand that *[specify risks of project or state there are no foreseeable risks]* associated with my participation. I also know that this study may *[specify any benefit of participation to individual and/or society]*.

During the course of the focus group discussions, I will not mention any personal or private, identifiable information (such as names) of individuals who are not participating in the focus group. In addition, I agree that all conversations which take place in the focus group should not be discussed with anyone outside of the focus group and its participants.

I give *[researcher]* ownership of the tapes and transcripts from the focus group and understand that tapes and transcripts will be kept in *[location: library, museum archive, researcher’s possession]*. I understand that information or quotations from [*specify: tapes and/or transcripts*] will *[specify use and any other details (e.g. be published, be published following my review and approval, not be published, not be published unless the researcher contacts me for my written permission)]*.

I understand that my participation is voluntary and I can end it at any time without consequence. I also understand that if I have questions about this research project, I can call *[the professor or researcher]* at *[(828) 262-number]* or contact the IRB Administrator at (970) 943-7133 or gvanguilder@western.edu *[If you are using students: I confirm I am at least 18 years of age.]*

I request that my name **not** be used in connection with tapes, transcripts, or publications resulting from this focus group.

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Name of Participant (printed) Name of Facilitator (printed)

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Signature of Participant & date Signature of Facilitator & date