

Consent Form

Hello, my name is _____ and I'm from an organization _____. I am conducting a survey for the research project _____, funded by _____.

Objective of the study

The survey would require _____ (duration of the survey)

Confidentiality

- + All information that you share with us will be kept confidential. Your responses will have no implications - positive or negative - on any professional parameter
- + At no point will we note down your name or any other identifying information. You will be given an identifying code which is what we will use to identify through our interviews.
- + We may audio record our conversations for the purpose of note-keeping. However, if at any time you feel uncomfortable, the recording will be switched off.
- + All information shared with us will be used only internally with the research team. At most, we may use certain quotations without identifying them to you.

Risks and Mitigation

- + We do not foresee any risks to you through this exercise.
- + However, if you feel uncomfortable, you are free to withdraw from the study at any time. You can refuse to answer any questions if you feel uncomfortable.

Benefits

- + By participating in this study, you will be providing key information _____

If you have any queries, please feel free to contact ___ email id and phone no. _____ at any time.

Data Safety and Confidentiality

Would you like to continue to participate in this study?

- Yes
- No

OR

Respondent's Signature Interviewer's Signature

Date:

