

Focus Group Consent Form

Suggested Format

This document provides a suggested format for a focus group consent form and may not be applicable to all studies. Please contact the Clemson University Institutional Review Board for specific questions regarding consent forms.

Purpose

You have been invited to participate in a focus group sponsored by [name of unit, department, or program] under the direction of [name of responsible party or individual]. The purpose of this focus group is [explain research questions to be addressed]. The information learned in this focus group will be used to [explain how the information will be utilized in the future].

Procedure

As part of this study, you will be placed in a group of 6 – 12 individuals. A moderator will ask you several questions while facilitating the discussion. As approved through Clemson University's Institutional Review Board, this focus group will be audio-recorded and a note-taker will be present. However, your responses will remain confidential, and no names will be included in the final report.

You can choose whether or not to participate in the focus group, and you may stop at any time during the course of the study.

Please note that there are no right or wrong answers to focus group questions. [Name of unit, department, or program] want(s) to hear the many varying viewpoints and would like for everyone to contribute their thoughts. Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

Benefits and Risks

Your participation may benefit you and other [name relevant groups] by [list potential improvements]. However, no risks are anticipated beyond those experienced during an average conversation.

Confidentiality

Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the study. Researchers within [name of unit or department] will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

Contact

If you have any questions or concerns regarding this study, please contact:

[Name of Responsible Party]	Clemson University Institutional Review Board
[Email address]	223 Brackett Hall, Clemson, SC
[Phone number]	(864) 656-1525

I understand this information and agree to participate fully under the conditions stated above.

Sign name: _____ Date: _____

Print name: _____