Logo1.tif**CONSENT FORM: NEXT-OF-KIN IN-DEPTH INTERVIEW**

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**Study:** The Lived Experience Of Participants in an African RandomiseD controlled trial (LEOPARD)

**Principal Investigator:** Dr David Lawrence, Botswana Harvard AIDS Institute Partnership. Tel: 7246 4834, david.s.lawrence@lshtm.ac.uk

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| --- | --- |
|  | **Initials** |
| I confirm that I have read the interview information sheet dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ version \_\_\_\_\_ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| I have been informed that it is my right to refuse to take part in the interview today and that if I choose to refuse I do not have to give a reason and that it will not impact on my role now, or in the future. |  |
| I have been informed that anything I say during the interview today will remain completely confidential: my name will not be used nor any other information that could be used to identify me. |  |
| It has been explained to me that researchers may find it helpful to use my own words when writing up the findings of this research. I understand that any use of words would be completely anonymous (without my name or location). I have been told that I can decide whether I permit my words to be used in this way. |  |
| It has been explained to me that the researcher may find any drawings or diagrams I produce during this interview helpful for this research. I understand that these drawings or diagrams would be completely anonymous (without my name). I have been told that I can decide whether I permit my drawings or diagrams to be used in this way. |  |
| I agree to take part in the study |  |
| I agree that my own words be used anonymously in the report |  |
| I agree that any drawings or diagrams be retained by the researcher |  |

**Signature of participant:**

|  |  |  |
| --- | --- | --- |
| **NAME (IN CAPITAL LETTERS)** | **SIGNATURE/PRINT** | **DATE (DD/MM/YYYY)** |
|  |  |  |

**Signature of witness (if participant illiterate):**

|  |  |  |
| --- | --- | --- |
| **NAME (IN CAPITAL LETTERS)** | **SIGNATURE** | **DATE (DD/MM/YYYY)** |
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**Signature of study staff taking consent:**

I have discussed the study with the respondent names above. I believe they understood my explanation and agree to take part in the interview.

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| --- | --- | --- |
| **NAME (IN CAPITAL LETTERS)** | **SIGNATURE** | **DATE (DD/MM/YYYY)** |
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**ONE COPY FOR PRINCIPAL INVESTIGATOR AND ONE COPY FOR THE PARTICIPANT**