REPLACE 2

Participant Consent Form

Study Title: Researching the FGM Intervention programmes linked to African communities in the EU (REPLACE 2)
Website: www.replacefgm2.eu

Name of Researcher:

Participant Identification Number for this project:

Please initial box

1. I confirm that I have been informed and understand the nature of the research project and have read the participant information sheet dated [ ] and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
(Contact: Tel: Email:) ☐

3. I agree to take part in the above study, which involves completing a questionnaire before and after the training and a focus group/ interview following the training ☐

4. I consent to the focus group/interview being digitally recorded and transcribed ☐

5. I understand that my responses will be anonymised before analysis.
I give permission for the researcher and the research team to have access to my anonymised responses. ☐

_____	_____	_____
Name/Identification number of participant	Date	Signature
_____	_____	_____
Name of Researcher	Date	Signature