

## APPENDIX 13

### CONSENT FORM – Focus Group

**Project Title:** Living with the Impact of Intimate Partner Violence: A Cross-Case Analysis of the Experiences and Support Needs of Older Women.

**IRAS ID:** 287127

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**Please tick each box**

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw as set out in the information sheet attached.	<input type="checkbox"/>
3. I understand that everything shared in the focus group will be kept confidential.	<input type="checkbox"/>
4. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher, including direct quotes.	<input type="checkbox"/>
5. I understand that my name or any other identifiable data will not appear in any reports, articles or presentations.	<input type="checkbox"/>
6. I understand that the focus group will be recorded and transcribed and the data protected in line with Lancaster University guidelines.	<input type="checkbox"/>
7. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study.	<input type="checkbox"/>
8. I agree to take part in the above study.	<input type="checkbox"/>

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**Signature of researcher** \_\_\_\_\_ **Date** \_\_\_\_\_ Day/month/year