**APPENDIX 2. SAMPLE INFORMED CONSENT FORM**

**Introduction**

You are being asked to take part in a study examining the factors affecting health professionals’ motivation for working in rural areas in [INSERT NAME OF COUNTRY]. In order to ensure that you are informed about the study, we are asking you to read this consent form. You will also be asked to sign it. Please ask us to explain anything you do not understand.

**Purpose**

This study is being conducted by [NAME OF ORGANIZATION] in collaboration with [INSERT NAMES OF OTHER ORGANIZATION(S)]. This study will gather information mainly on health worker motivation and preferences related to job postings in rural and remote areas. Basic demographic information, such as gender and age, will also be collected.

**Your Part in the Study**

*Focus group discussion participants:* If you agree to participate in the study, you will be interviewed as part of a small group, which will take approximately 1-1.5 hours. About [XXX] people will take part in the overall study in [INSERT NAME OF COUNTRY].

*Survey participants:* If you agree to participate in the study you will be asked to complete a questionnaire that takes approximately 20-30 minutes. About [XXX] people will take part in the overall study in [INSERT NAME OF COUNTRY].

**If You Decide Not to Participate in the Study**

Your participation in the study is voluntary. There is no penalty for refusing to take part.

**Confidentiality**

The information you provide will be confidential. We will not put your name on the form on which your responses will be recorded. If we publish the results of the study, your name will not be in it.

**Benefits**

There are no financial compensation or other personal benefits from participating in the study.

However, your responses may provide insights into the best strategies for designing future incentive packages to help attract and retain health workers in rural areas.

**Risks or Discomfort**

There are no known risks to you resulting from your participation in the study. If you experience any personal discomfort, you may, as stated above, stop at any time or refuse to answer any questions.

**Contact Person for Questions**

If you have any questions about the study in general, your rights as a participant in this study, or any problems with the study, you may contact [NAME OF LOCAL MANAGER OR INVESTIGATOR] at the following telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Consent to Participate in Study**

I have read (or had read to me) the information above describing the process, benefits, and risks of participating in this study. I agree to participate as a volunteer in this study.

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Date Signature of Study Participant

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Date Signature of Facilitator/Data Collector