***--- Adapt to your context prior to use ---***

Informed Consent Form for Community Members

***[Facilitator: Please read to community members.]***

You are being asked to take part in a study regarding health services. Please ask us to explain anything you do not understand.

This study is being conducted by *[INSERT NAME OF ORGANIZATION]*. The goal of the study is to help determine the appropriate interventions to improve the health care services provided to the community. As a community member, your participation would be very helpful.

You are invited to participate in a discussion about the health facility because you live in a community that is served by the facility. If you agree to participate in the study, you will take part in a group discussion with other community members. The discussion will take approximately 45 minutes.

Your participation in the study is voluntary, and there is no penalty for refusing to take part.

The information that you provide will be confidential. We will not include your name in the interview notes where your responses will be recorded. If we publish the study report, your name will not be in it.

There is no financial compensation or other personal benefits for participating in the study. However, your participation may provide insights into how the health facility can improve the services for you and your community.

There is no risk in participating in this group discussion. If you experience any personal discomfort, you may stop participating at any time.

**Do You Consent to Participate? \_\_\_ Yes \_\_\_ No**