

iGenNB Consent Form

St. Thomas University

School of Social Work, Fredericton, NB CANADA E3B 5G3



CODE:

I have read and understood the information sheet and have had the opportunity to ask questions which have been answered to my satisfaction.

I agree to the interview for the purposes of the evaluation described in the information sheet.

I understand that I do not have to answer a question if I do not want to and can stop the interview at any time.

I agree to the interviews being audio recorded

I understand that participation is voluntary and that I may withdraw from the evaluation at any time up until the final report. If I choose to withdraw all information (audio, text and personal information) will be destroyed.

I understand that confidentiality cannot be guaranteed if I disclose during the interview any previously unknown or future illegal activities and/or express a desire to harm myself or others.

I understand that I will receive a copy of the interview transcript and will have four weeks to review it and ask for any changes to be made

I would/would not (delete as appropriate) like to receive a summary of the evaluation

Initial to
indicate
agreement

INTERGENERATIONAL HOUSING INTERVIEW CONSENT FORM

Agreement:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

Name of Participant (please print)

Signature of Participant

Date

Signature of Investigator

Date

iGenNB Consent Form

St. Thomas University

School of Social Work, Fredericton, NB CANADA E3B 5G3



INTERGENERATIONAL HOUSING REVIEW GROUP CONSENT FORM

CODE:

I have read and understood the information sheet and have had the opportunity to ask questions which have been answered to my satisfaction.

I agree to the review group for the purposes of the evaluation described in the information sheet.

I understand that I do not have to answer a question if I do not want to and may leave the review group at any time.

I understand that I cannot withdraw any contribution to the review group once made, but that I do not have to contribute to the review group save where I feel comfortable doing so

I agree to the review group being audio recorded

I understand that participation is voluntary and that I may withdraw from the evaluation at any time up until the final report. If I choose to withdraw all personal information (name, contact details etc) will be destroyed.

I understand that confidentiality should be maintained and that I should not discuss the review group outside of the group.

I would/would not (delete as appropriate) like to receive a summary of the evaluation

Initial to
indicate
agreement

Agreement:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

Name of Participant (please print)

Signature of Participant

Date

Signature of Investigator

Date