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## Appendix I: Focus Group Discussion Consent Form



### APPLE – Attendance in care amongst young People with Perinatal HIV Living in England

#### Patient Informed Consent Form for participants taking part in Focus Group Discussions

Centre Name & Number: .....

Patient ID Number: .....

Please initial each box:

1. I confirm that I have read and understood the information sheet **[Insert Info: Date & Version]** and have been offered a copy to keep.

2. I am happy for the Focus Group discussion to be audio recorded.

3. I have had the chance to ask questions about the project and have had the opportunity to discuss with other people if necessary.

4. I understand that whenever you write or talk about something I have told you, you will never use my name.

5. I give you permission to use quotations from the focus group discussion (without using my name).

6. I give you permission to use any diagrams or drawings I may have made at the focus group discussion (or replicate them if needed to remove identifying names or places).

7. I understand and that I am free to object to the use of my information and can withdraw from the study at any time, without giving any reason and without my medical care or legal rights being affected.

8. I understand that my taking part in all aspects of this study is voluntary and I don't have to talk about things that I don't want to talk about.

9. I understand that if I tell you something that makes you worried about my safety (if I am under 18 years old) or the safety of someone else, you may have to let someone else know what I have said, but you will always talk to me first if it happens.

10. I agree to take part in the above study.

_____ Name of Patient (BLOCK CAPITALS)	_____ Date (dd/mm/yyyy)	_____ Signature
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_____ Name of Researcher (BLOCK CAPITALS)	_____ Date (dd/mm/yyyy)	_____ Signature
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*Please sign 2 copies: 1 copy to be kept by the participant and 1 to be kept by the researcher*