[Insert organisation name/logo]

# [INSERT PROGRAM NAME] REVIEW

# CLIENT CONSENT INFORMATION SHEET

***🖌Note\****

*This* *template was developed by EJD Consulting and adapted as an example consent form for client input into a program evaluation.*

*A version of this form has been successfully used for a range of human service projects however please consider your current contracts, obligations and funding agreements and adapt if any additional provisions/ protections are required.*

*\*Please delete note before finalising this form.*

This information is for clients of the **[insert program name]** who wish to participate in a review of the organisation **[insert specific program/service name if relevant]**.

|  |  |
| --- | --- |
| **For office use only** | |
| **Reviewer** | **[insert organisation name or external body]** |
| **Date** | **[insert date]** |

## 1. PROGRAM EVALUATION

### 1.1 Background

A review of **[insert program name]** is being undertaken as part of the funding agreement with the **[insert funding agency name].**

The review aims to find out what worked and what didn’t work with the **[insert program name]** and also how it could be improved. The views of current and past clients of the **[insert program name]** are therefore very important.

Any feedback you give will be **anonymous and confidential**. You will not be identified in any report.

All the information will be used to help identify ways to improve services for **[insert program target group]** using alcohol and other drugs services. It will not be used for any other purpose.

### 1.2 Voucher

**[Insert relevant details for reimbursement of time for example, *“If you are able to participate in the review the reviewers are happy to provide a gift voucher. This will be provided to you at the time of interview. If the interview is conducted by telephone, you can nominate how you would like to receive your voucher”*.]**

### 1.3 Withdrawal of consent

If at any time you wish to withdraw from participating in the review, you can do so through your **[insert relevant contact details e.g. case manager].** You have the right to terminate the interview at any time. This will not affect the services you receive through the **[insert program name].** The review is independent of the service.

### 1.4 Sharing your information

During the interview, it is up to you how much information you share. You can decide not to answer some questions if you wish.

### 1.5 More information

If you would like more information about this review, please contact **[insert information about the reviewer or another contact person as appropriate].**

PLEASE SIGN THE FORM ON THE NEXT PAGE

IF YOU ARE HAPPY TO PARTICIPATE

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THANK YOU FOR CONSIDERING THIS REQUEST

Insert organisation name/logo]

# [INSERT PROGRAM NAME] REVIEW

# CLIENT CONSENT FORM

This form is for clients of the **[insert program name]** who wish to participate in a review of the organisation.

I, (*name of client*) understand the purpose of the review described on the Client Consent Information Sheet attached to this form and agree to participate in the study.

Please tick if you agree:

|  |  |
| --- | --- |
| **□** | I agree to be interviewed or to take part in a group discussion. |
| **□** | I understand that there is no penalty for not participating in the review and that I can withdraw at any time. |
| **□** | I understand that all information will be handled in confidence except as required by law. I also understand I will not be identified in any reports arising from the review. |
| **□** | I agree to be included as an anonymous case study in the report knowing that all my identifying details (including my name, address, and contact details) will not be included. |
| **□** | I wish to receive a gift voucher for participating in this review. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of client** |  | **Date** | |  |
| **Witnessed by** |  | | | |
| **Witness signature** |  | | **Date** |  |