



Consent form



This document is a consent form.

A **consent form** is when you say yes to

- The rules to take part in this project
- Sharing your information.



We want to talk to women with disability about violence and abuse services.



We will ask you questions about when you needed help because of violence or abuse.

Please tick yes or no for every sentence



I got information about this project

Yes

No



I know that I can ask questions about this project

Yes

No



I know that I will be asked questions about getting help when violence and abuse happens

Yes

No



I know I can stop at any time

Yes

No



I am happy for my information to be kept

Yes

No



I know that no one will know it is my information

Yes

No



I know I will get a copy of this form to keep

Yes

No



I am older than 18

Yes

No



I would like to take part in this project

Yes

No



Your name



Your signature



Your phone number



Your email



Date