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|  | **Written informed consent form****This form is to be used for:** In order to gain written consent to partake in an interview for the research study and to allow the data gathered to be used for research. |
|   |   |   |   |   |
|   | Title of Project: **Linking Pregnant Women to Maternal Health Services**  |
|   | Name of Principal Investigators: *(insert name here)*  |
| Transaid, a UK-based transport organisation together with Society for Family Health (SFH) are undertaking a project in Adamawa State which is funded by Comic Relief, a UK-based charity. The project is implementing an Emergency Transport Scheme (ETS) in 16 LGAs in Adamawa State in conjunction with the NURTW (National Union of Road Transport Workers). NURTW taxi drivers act as an emergency service for pregnant women in labour and/or during a pregnancy related emergency. The study is looking at whether women suffering complications when giving birth arrive at health facilities faster and in a better health condition than those who arrive by non-ETS taxi, walking or other means. To help us with this study, we ask that you let the health worker monitor your condition as you are being transferred to the hospital and on arrival. We also ask that you allow us to use the information for our research. The information you give will be kept confidential and your information will remain anonymous. |
|   |  |   |   |   |
| For further information about the project, please contact *(insert name here)*. |
|  | ***Initial the box if you agree with the statement to the left*** |   |
| 1 | I confirm that I have read and understand the information sheet explaining the above study and I have had the opportunity to ask questions about the project. |   |
|   |   |   |   |   |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.  |   |
|   |   |   |   |   |
| 3 | I understand that information will be recorded on paper forms and entered into a computer database and that this information will be kept confidential and anonymous. I give my permission for members of the research team to have access to this information. I understand that my name will not be used in any papers, reports or other publications that result from the research. |   |
|   |   |   |   |   |
| 4 | I agree for the information collected to be used in future research |   |
|   |   |   |   |   |
| 5 | I agree to take part in the above research study. |   |
|   |  |   |   |   |
|   | ----------------------------------- | ----------------------------------- |   |   |
|   | Signature/Thumbprint | Date |   |   |
|   | ----------------------------------- | ----------------------------------- | ----------------------------------- |   |
|   | Witness | Date | Signature |   |
|   | ----------------------------------- | ----------------------------------- | ----------------------------------- |   |
|   | Name of person taking consent | Date | Signature |   |
|   |  |   |   |   |
| *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form. A copy of the signed and dated consent form should be kept with the project’s main documents which must be kept in a secure location.*  |