

AMiD

Access to services for Migrants with Disabilities

AMIF-2016-AG-INT

**CONSENT FORM FOR THE USE OF THE NEEDS ASSESSMENT TOOL OF THE AMiD
PROJECT**

I, _____, hereby declare that:

(Name)

1. I have been informed about the Needs Assessment Tool (NAT) and I have understood what the tool is about, the contribution to the project and what it aims to achieve.
2. I consent to take part in this interview process because my personal experience will contribute to the understanding of issues under study.
3. I may choose not to answer to one or more of the questions of the NAT that I will be asked by the responsible worker.
4. I may stop participating in the interview session at any time I wish. During the interview, or at its end, I can ask to modify or remove some of my remarks.
5. I am aware that my responses may be logged online in the NAT during the interview. In that case, all my responses will be anonymous and no personal data will be revealed.
6. I am aware that all data will be stored in secure storage. Any data will only be accessible by the responsible worker and any other relevant to my case person and will be destroyed within two years after the completion of the research project.
7. My participation may be completely anonymous: Reference to my participation will be made only by a number code. When quoted or cited, information and data provided during the interview will be referenced with this number code.
8. The information I will provide will only be used for the purposes of the NAT purposes.
9. My participation is entirely voluntary and I can withdraw at any given time.

I consent to participate in this study.

Full name: _____ Signature: _____

