

**Verbal Consent Form**

*[All non-italicized words to be read to the participant by the researcher]* The purpose of this meeting is to learn about your experience in agricultural education and training (AET) and for you to share your perceptions of gender issues and challenges in your institution. We will be asking you about the opportunities for men and women in AET in your country and institution, if and how gender is addressed in your agricultural curricula, and gender-based obstacles in agricultural professions. We would like to learn how gender affects the challenges and opportunities that women and men face in AET institutions and professions. We would like to to ask for your participation in a:

FOCUS GROUP DISCUSSION

INTERVIEW

*[circle the appropriate activity]*

The goal of this study is to identify factors that might improve AET systems and opportunities for women and men in AET in your country. Participating in this study should not harm you in any way. Should you agree to be identified by name in publication, the answers you provide will be linked to your name for others to see, which means that others will know your opinions about gender issues and challenges in your institution. There are no consequences for not participating in this study. If you choose to participate in this study, we will keep your identity completely confidential unless you prefer to have your name used; we will not share it with anyone outside of the research team without your permission. There is no compensation for this research. If you choose to participate in this study, you are free to not answer questions and to withdraw from the study at any time without penalty.

Do you have any questions about the purpose of or the activities involved in this study? *[Make note of and answer questions asked.]*

Are you willing to participate in this study? *[If respondent declines, thank him/her for their time, mark the appropriate box and move on to the next respondent. If they accept, mark the appropriate box and ask the next question about waiving anonymity.]*

Do you wish to have your name used? Note that this means your identity WILL NOT be confidential. *[If the respondent says yes, mark the appropriate box and record their name and date of the research activity. If the respondent says no, record the participant's code name and date of the research activity.]*

Respondent declined to participate in the study.

Respondent agreed to participate in the study.

Respondent agreed to waive anonymity.

Subject Code Name \_\_\_\_\_ Date \_\_\_\_\_

Subject Name (if agreed to waive anonymity) \_\_\_\_\_