

**APPENDIX C: Group Confidentiality Form (TRU REB# )**



**Project Title:** PROMISING PRACTICES IN THE ENGAGEMENT OF PEOPLE LIVING WITH OR AT-RISK FOR HIV/AIDS IN RURAL CANADA

**Purpose:** To respect and protect group members.

As a member of this research group I agree to not tell others (including family and friends) any of the following:

1. the names of other group members
2. the place where we are meeting
3. the discussions we have when we meet
4. descriptions of photos taken by others

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_