



CREATING CONNECTIONS

North/West Metropolitan Region

PRIVATE RENTAL BROKERAGE (PRB)

Evaluation – Consent Form for Case Managers

We would like you to participate in the evaluation of the Private Rental Brokerage Program (PRB) being run by the St Vincent de Paul Society in the North/West Metropolitan Region. Your participation is important to us and will help us assess the effectiveness of the program. As a participant in the PRBP we may ask you to:

- complete a questionnaire,
- answer questions in an interview or focus group,
- or other task related to the evaluation process..

We will keep all of your answers and input confidential. Your name, or the name of your organisation, will never be included in any reports and none of your answers will be linked to you in any way. The information that you provide will be combined with information from everyone else participating in the study.

You do not have to participate in the evaluation. Even if you agree to participate now, you may stop participating at any time in the future or decline to answer any questions. Refusing to be part of the evaluation will not affect your participation or the services you or your clients receive in the PRB.

If you have any questions about the study you may call:

Evaluator’s Name: _____

Evaluator’s Phone: _____

**Program Manager or
Community Advocate:** _____

By signing below, you confirm that this form has been explained to you and that you understand it.

Please Check One:

- I AGREE TO PARTICIPATE
- I DO NOT AGREE TO PARTICIPATE

Signed: _____

Print name: _____

Agency: _____

Date: _____



CREATING CONNECTIONS

North/West Metropolitan Region

PRIVATE RENTAL BROKERAGE (PRB)

Evaluation – Consent Form for Young People

We would like you to participate in the evaluation of the Private Rental Brokerage Program (PRB) being run by the St Vincent de Paul Society in the North/West Metropolitan Region. Your participation is important to us and will help us assess the effectiveness of the program. As a participant in the PRBP we will ask you to:

- *complete a questionnaire,*
- *answer questions in an interview or focus group,*
- *or other tasks related to the evaluation process.*

We will keep all of your answers confidential. Your name will never be included in any reports and none of your answers will be linked to you in any way. The information that you provide will be combined with information from everyone else participating in the study.

You do not have to participate in the evaluation. Even if you agree to participate now, you may stop participating at any time or refuse to answer any question. Refusing to be part of the evaluation will not affect your participation or the services you receive in the PRBP.

If you have any questions about the study you may call:

Evaluator's Name: _____

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**Program Manager or
Community Advocate:** _____

By signing below, you confirm that this form has been explained to you and that you understand it.

Please Check One:

- I AGREE TO PARTICIPATE
- I DO NOT AGREE TO PARTICIPATE

Signed: _____
Participant

Print name: _____

Date: _____