PURPOSE: THIS TEMPLATE WILL GUIDE YOU THROUGH THE PROCESS OF OBTAINING INFORMED CONSENT FROM YOUR RESEARCH PARTICIPANTS.

INSTRUCTIONS: *The following is a template and is not meant to be copied verbatim. You will need to modify the content of this template to suit your research. Use simple lay language at all times. Please ensure consistency between the content of your ethics application and your Consent Form. Formatting and content inspiration for this form was drawn from the University of Victoria.*

Participant Consent Form

TRINITY WESTERN UNIVERSITY

[Study Title]

Principal Investigator
Name, Department, Institution, contact telephone number, and contact email address.

N.B.: Be sure that "Principal" is not misspelled "Principle".

[FOR STUDENTS, INCLUDE THE FOLLOWING:]
As a [GRADUATE OR UNDERGRADUATE] student, I am required to conduct research as part of the requirements for a degree in [DEGREE NAME]. This research is part of a [THESIS OR MAJOR PROJECT OR CLASS PROJECT] and [WILL OR WILL NOT BE MADE PUBLIC FOLLOWING COMPLETION]. It is being conducted under the supervision of [NAME OF SUPERVISOR OR INSTRUCTOR]. You may contact my [SUPERVISOR OR INSTRUCTOR] at [PHONE NUMBER AND/OR EMAIL].

Co-Investigator(s)
Name, Department, Institution, contact telephone number, and contact email address.

[IF APPLICABLE, INCLUDE THE FOLLOWING:]
This research is being funded by [NAMES OF FUNDING AGENCIES].

Purpose
The purpose of this research is [STATE THE PURPOSE, OBJECTIVES, AND IMPORTANCE OF THE RESEARCH IN NO MORE THAN 150 WORDS USING JARGON-FREE LANGUAGE].

You are being asked to participate because [STATE WHY AND HOW PARTICIPANTS WERE SELECTED].

What is involved
If you voluntarily consent to participate in this research, your participation will include [DESCRIBE A STANDARD SESSION OR VISIT; OUTLINE PROCEDURES, METHODS, TIME COMMITMENTS, LOCATIONS, ANY REQUIRED FOLLOW-UP, ETC.].

Following the completion of my research, participants [WILL OR WILL NOT] have access to the completed research. [EXPLAIN EITHER RATIONALE BEHIND NOT GRANTING ACCESS OR HOW PARTICIPANTS CAN GET A COPY/SEE THE RESEARCH].

Potential Risks and Discomforts
[INCLUDE ONE OF THE FOLLOWING:]

There are no known or anticipated risks associated with participating in this research.

[OR]

The risks associated with participating in this research are minimal, no more than would be encountered during the course of everyday life.

[OR]

There are some potential risks to you by participating in this research, including [DESCRIBE ANY REASONABLY FORESEEABLE RISKS, DISCOMFORTS, INCONVENIENCES (INCLUDING, FOR EXAMPLE, PHYSICAL, PSYCHOLOGICAL, EMOTIONAL, FINANCIAL AND SOCIAL)]. To prevent or to manage these risks I have [STATE HOW YOU WILL DEAL WITH RISKS AND INCONVENIENCES].

Potential Benefits to Participants and/or to Society
[INCLUDE ONE OF THE FOLLOWING:]
There are no direct benefits to the participant as a result of participating in this research. [STATE INDIRECT BENEFITS TO THE PARTICIPANT/TO SOCIETY/TO SCIENCE].

[OR]

There are some potential benefits to you as a result of participating in this research, including [STATE ANY BENEFITS TO PARTICIPANTS AS A RESULT OF THIS RESEARCH].

[IF APPLICABLE, INCLUDE THE FOLLOWING:]
Remuneration/Compensation
As a way to thank you for your participation and compensate you for any inconvenience related to that participation, you will be given [DESCRIBE ANY GIFT, REMUNERATION, COMPENSATION FOR TRAVEL, ETC.] If you choose to withdraw from the study prior to completion, [DESCRIBE HOW COMPENSATION WILL BE PRO-RATED FOR THOSE WHO DO NOT COMPLETE/STATE THAT PARTICIPANTS WILL STILL BE ELIGIBLE FOR/RECEIVE COMPENSATION].

> N.B.: If course credit is available to University students, explain the process. Remuneration or compensation should not be dependent on completion of the project, but should be pro-rated for those that withdraw before completion. If names are entered for a draw you may not exclude the names of those who fail to complete the project (otherwise you are technically running a lottery).

Confidentiality and Anonymity
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. [CONFIDENTIALITY/ANONYMITY] will be protected by [DESCRIBE HOW CONFIDENTIALITY WILL BE PRESERVED (E.G., "…ASSIGNING CODE IDENTIFIERS TO ALL RESEARCH PARTICIPANTS AND DOCUMENTS AND KEEPING THEM IN A LOCKED FILING CABINET. RESEARCH PARTICIPANTS WILL NOT BE IDENTIFIED BY NAME IN ANY REPORTS OF THE COMPLETED STUDY." OR "…COLLECTING DATA ANONYMOUSLY AND WITHOUT LINKING PARTICIPANT NAMES TO ANY INFORMATION.")].

Data maintenance

Data from this study will be stored [DESCRIBE HOW DATA WILL BE STORED] for [STATE HOW LONG DATA WILL BE STORED (E.G. UNTIL THE END OF THE PROJECT/FOR A SPECIFIC TIME PERIOD/INDEFINITELY)].

> N.B.: Ensure you provide your rationale for either maintaining or destroying your collected data following the completion of your research.

Contact for information about the study
If you have any questions or desire further information with respect to this study, you may contact [PRINCIPAL INVESTIGATOR] at [TELEPHONE NUMBER, EMAIL ADDRESS].

[IF APPLICABLE, INCLUDE THE FOLLOWING:]
You may also contact [PRINCIPAL INVESTIGATOR'S SUPERVISOR AND/OR ASSOCIATES] at [TELEPHONE NUMBER, EMAIL ADDRESS].

Contact for concerns about the rights of research participants
If you have any concerns about your treatment or rights as a research participant, you may contact the Ethics Compliance Officer in the Office of Research, Trinity Western University at 604-513-2167 or HREB@twu.ca.

Consent
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your … (examples: employment, class standing, access to further services from the community centre, day care, etc.).

Also include a statement indicating the steps to be taken in order to withdraw from the study along with a clear indication of any point after which withdrawal is no longer possible. This would be a point in the study in which is it not possible for the researcher to identify the research participants' responses in order to remove them. For example, if the participants were filling out an online survey where no identifying data was being collected, once the collection period for the survey had ended and the survey was closed to new submissions, there would be no way for them to go back in and delete their answers, and no way for the researcher to determine which survey was filled out by them.

If there is a possibility that you may want to use your data in a future study, you must indicate this here. You are advised to mention possible future use unless you are sure you will not use the data in other studies. Your line here will say: ***The data from this study may be used in future research. If you do not wish it to be used in future research, you may indicate so below. It will then not be used beyond this study.***

If you are using a survey, you need to ensure that your survey provider enables you to separate out responses according to whether or not permission is given for further use. You must then ensure that responses are segregated once the data is stored.

If you are using focus groups or other group responses where it is difficult or impossible to separate out individual responses, your consent form will need to indicate that you may not be able to prevent use of anonymous comments in future research.

Signatures

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

(On parental consent forms include a statement of choice; for example: ***I consent/I do not consent (circle one) to my child's participation in this study.*** Please note that parents must be provided with a copy of the parental consent form.)

_____ _____

Research Participant Signature ***Date***
(or Parent or Guardian Signature)

_____

Printed Name of the Research Participant (or Parent or Guardian) signing above

Do you consent to allow your data from this study (in anonymous form) to be used in future research?

□ ***Yes*** □ ***No***

Note: If you are using an online survey, instead of the statements above regarding their signature use the following statement.

By clicking "continue" you are indicating that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study. You may print a copy of this consent form for your own records. Note that for this kind of a survey, if you might use the data in future studies, you should end the survey with:

Do you consent to allow your data from this study (in anonymous form) to be used in future research?

□ ***Yes*** □ ***No***