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 that sounds natural when read aloud. Please ensure consistency between the content of your ethics application and your Oral Consent Form. Formatting and content inspiration for this form was drawn from the University of Victoria, McMaster University, and Dr. Kelly Arbeau (Trinity Western University).*

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| --- | --- |
| ***Participant Consent – Oral Script Template*** | TWU_Primary logo |

N.B.: Consent should be obtained in writing unless there is a specific reason for why oral consent is more appropriate. Examples of such situations could include but are not limited to:

* Interviewing participants over the phone or skype rather than in person;
* Conducting research in cultures where oral contracts are used, rather than written contracts;
* Conducting research with participants who are physically unable to write.

**Introduction**

[Description of the purpose of the project]

Hello. I’m [NAME]. I am conducting interviews about [RESEARCH TOPIC(S)]. I’m conducting this as a [ROLE OF RESEARCHER (E.G. “…STUDENT IN [DEPARTMENT]”)] and as part of a research study at Trinity Western University. I’m working under the direction of [SUPERVISOR] in Trinity’s department of [DEPARTMENT OR PROGRAM].

**What will happen during the study?**

[Description of the study procedures; statement of the anticipated time commitment]

I’m inviting you to do a [MODE OF PARTICIPATION (E.G., ONE-ON-ONE/PHONE/SKYPE)] [METHOD OF PARTICIPATION (E.G., INTERVIEW/SURVEY/FOCUS GROUP)] that will take about [TIME]. I will ask you questions about [RESEARCH TOPIC(S)] such as [SAMPLE QUESTION(S)]. I will take handwritten notes to record your answers as well as using an audio recorder to make sure I don’t miss what you say. We can have this conversation now or we can set up a time and place that works for us both.

**Potential risks and discomforts**

[Statement of any reasonably foreseeable potential risks etc., and how these will be managed]

*[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].

If you should experience any adverse effects, please contact [PRINCIPAL INVESTIGATOR] at [CONTACT INFO].

*Additional phrase templates*

* The risks involved in participating in this study are minimal.
* It is not likely that there will be any serious harms or discomforts associated with the interview.
* You may feel uncomfortable with (anxious, uneasy about)…
* You may find it stressful to…
* You might find some questions uncomfortable to answer.
* It is not likely that there will be any harms or discomforts from/associated with…

**Potential benefits to participants and/or to society**

[Statement of possible benefits to the participant]

*[INCLUDE ONE OF THE FOLLOWING:]*

There may be direct benefits to you, including [STATE ANY BENEFITS TO PARTICIPANTS AS A RESULT OF THIS RESEARCH].

*[OR]*

It is unlikely that there will be direct benefits to you, however, by better understanding [RESEARCH TOPIC(S)] researchers and others may be able to [STATE INDIRECT BENEFITS TO PARTICIPANT/TO SOCIETY/TO SCIENCE].

**Confidentiality**

[Detailed statements of confidentiality, including data management]

Your responses will remain confidential, and your name will be removed from the transcript and the questionnaire. An anonymous code will be used to link the background questions and interview transcript. The record of your consent to participate in the study will be stored separately from both the background questions and the transcript of our conversation so that it cannot be associated with your responses.

Only the researcher and research assistants working on this project will have access to the information that you provide. [PERSON RESPONSIBLE FOR DATA MANAGEMENT] will store the transcripts [DESCRIBE STORAGE METHOD] for [DURATION].

The information you provide may be presented at professional conferences or published in academic journals. Information that could potentially identify you will not be published or shared beyond the research team unless we have your written permission. Any data from this research which will be shared or published will be the combined data of all participants. That means it will be reported for the whole group not for individual persons. If we use a quotation that you provided, your identity will be kept anonymous.

**Remuneration/Compensation**

[Details of any remuneration, compensation, or incentives to be offered to participants]

You will receive [COMPENSATION/INCENTIVE] as a thank you for your participation. If you withdraw from the study or decide not to answer some questions, you will still receive [COMPENSATION/INCENTIVE].

**Contact for questions or concerns about the study or about the rights of research participants**

[The following statements are required to be included in your consent process]

*Required statements*

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 you have any concerns about your treatment or rights as a research participant, you may contact Elizabeth Kreiter in the Office of Research, Trinity Western University at 604-513-2167 or researchethicsboard@twu.ca.

**Consent**

[Statement of voluntary participation and ability to withdraw; statement of withdrawal procedure; statement of informed consent]

Your participation in this study is entirely voluntary. You can decide to stop at any time, even partway through the interview for whatever reason.

If you choose to participate, you may skip any questions you do not wish to answer.

If you decide not to participate in the study or choose to withdraw, please let me know at any point during our conversation, or contact [PRINCIPAL INVESTIGATOR] if you decide to withdraw after we have had our conversation.

If you decide to stop we will ask you how you would like us to handle the data collected up to that point. This could include destroying it or using the data collected up to that point. You will be treated with respect and no questions will be asked.

*Consent questions:*

* Do you have any questions or would like any additional details? [Answer questions.]
* Do you agree to participate in this study knowing that you can withdraw at any point with no consequences to you?

[If yes, begin the interview.]

[If no, thank the participant for their time.]

**Signatures**

[Your signature indicates that you have informed each participant of the nature and purpose of your research, the conditions of confidentiality, and of their right to end the interview at any time. It also indicates that you have provided each participant with an opportunity to ask, and have addressed, any questions they might have about the study.]

Student’s name

Date of interview Student’s signature

Date of interview Student’s signature

Date of interview Student’s signature