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*** | TWU_Primary logo |

**[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 Elizabeth Kreiter in the Office of Research, Trinity Western University at 604-513-2167 or researchethicsboard@twu.ca.

**Consent**

Your participation in this study is voluntary and you may refuse to participate or withdraw from the study at any time without explanation or jeopardy to your [LIST OF ACTIVITIES CONNECTED TO YOUR RESEARCH AND RESEARCH PARTICIPANTS (E.G. EMPLOYMENT, CLASS STANDING, ACCESS TO FURTHER SERVICES FROM THE COMMUNITY CENTRE, DAY CARE, ETC.)].

If you do withdraw from the study, your data will [DESCRIBE WHAT WILL HAPPEN TO THE DATA COLLECTED FROM EACH PARTICIPANT (E.G. “…BE REMOVED FROM THE STUDY AND DESTROYED.” OR “…WILL NOT BE ABLE TO BE REMOVED, SINCE IT WILL BE IMPOSSIBLE TO IDENTIFY YOUR SPECIFIC CONTRIBUTION WITHIN THE DATA SET.” OR “…WILL ONLY BE USED WITH YOUR PERMISSION.”)].

*[IF APPLICABLE, INCLUDE THE FOLLOWING:]*

It will not be possible to withdraw from the study after [POINT WHERE WITHDRAWAL IS NO LONGER POSSIBLE (E.G. AFTER CLICKING “SUBMIT” ON AN ONLINE SURVEY)] due to [EXPLAIN WHY IT WILL NOT BE POSSIBLE TO WITHDRAW AFTER THIS POINT].

*[IF APPLICABLE, INCLUDE THE FOLLOWING:]*

As previously stated in the section on Remuneration/Compensation, [DESCRIBE WHAT WILL HAPPEN TO ANY REMUNERATION/COMPENSATION IN CASE OF WITHDRAWAL].

**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 and that your responses may be put in anonymous form and kept for further use after the completion of this study.

N.B.: 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. Please print a copy of this consent form for your own records.”

*[IF APPLICABLE, INCLUDE THE FOLLOWING:]*

Parental consent: I consent/I do not consent (circle one) to my child's participation in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Participant Signature Date

(or Parent or Guardian Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*[THE FOLLOWING CAN BE USED TO CUSTOMIZE THE CONSENT FORM TO THE RESEARCH PROJECT REQUIREMENTS AND ARE NOT INTENDED AS AN EXHAUSTIVE LIST****]***

*[WAIVING CONFIDENTIALITY IF APPLICABLE]*

PLEASE SELECT STATEMENT only if you consent:

I consent to be identified by name / credited in the results of the study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant to provide initials)

I consent to have my responses attributed to me by name in the results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant to provide initials)

*[FUTURE USE OF DATA IF APPLICABLE]*

PLEASE SELECT STATEMENT:

I consent to the use of my data in future research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant to provide initials)

I **do not** consent to the use of my data in future research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant to provide initials)

I consent to be contacted in the event my data is requested for future research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant to provide initials)