

[INSTRUCTIONS: This template is intended to provide an overview of the basic content required and a sample lay-out for your consent form. **You will need to adapt the content and language of the form for your study and ensure that it is appropriate for your participants (e.g. lay-people, children).** Yellow highlights are only meant to draw attention to sections often left in when they are not required. You are welcome to use a different lay-out that may suit you and your audience better. **Also, please ensure that there is consistency between the content of your ethics application and your Consent Form.]**



**University
of Victoria**

Participant Consent Form

[Project Title]

You are invited to participate in a study entitled [TITLE] that is being conducted by [INVESTIGATORS].

[INVESTIGATOR] is a [RELATIONSHIP WITH THE UNIVERSITY...E.G., FACULTY MEMBER GRADUATE STUDENT] in the department of [DEPARTMENT NAME] at the University of Victoria and you may contact [HIM/HER/THEM] if you have further questions by [INCLUDE CONTACT INFORMATION].

[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]. It is being conducted under the supervision of [NAME OF SUPERVISOR]. You may contact my supervisor at [PHONE NUMBER].

[IF APPLICABLE INCLUDE THE FOLLOWING:]

This study is also being conducted for a client. [Add client's name, the client's title/position at the organization, the name of the client's organization]

[IF APPLICABLE INCLUDE THE FOLLOWING:]

This research is being funded by [NAMES OF FUNDING AGENCIES].

Purpose and Objectives

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

Importance of this Research

Research of this type is important because [STATE WHY THE RESEARCH IS IMPORTANT AND THE CONTRIBUTION IT WILL MAKE].

Participants Selection

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

What is involved

If you consent to voluntarily participate in this research, your participation will include [DESCRIBE WHAT IS INVOLVED, INCLUDING PROCEDURES, METHODS, TIME COMMITMENTS, LOCATION, ETC.].

[Audio-tapes/and-written notes, observations/ will be taken.] [A transcription will be made.]

[Video tapes / photos / slides will be taken of you (your child) with your permission – **SEE PERMISSION FOR VISUAL DATA BELOW**].

[IF USING A WEB BASED SURVEY THAT IS LOCATED IN THE UNITED STATES (E.G. SURVEY MONKEY, ZOOMERANG) YOU MUST INCLUDE THE FOLLOWING ABOUT THE U.S. FREEDOM ACT:]

Please be advised that information about you that is gathered for this research study (STATE IF IT INCLUDES IDENTIFIABLE INFORMATION) uses an online program located in the U.S. or a program that can be accessed from the US (FluidSurveys). As such, there is a possibility that information about you may be accessed without your knowledge or consent by the US government in compliance with the US Freedom Act.

Inconvenience

Participation in this study may cause some inconvenience to you, including [STATE POTENTIAL OR KNOWN INCONVENIENCES ASSOCIATED WITH PARTICIPATION].

Risks

[RESEARCHER MUST STATE ONE OF THE FOLLOWING:]

There are no known or anticipated risks to you by participating in this research. [OR]

There are some potential risks to you by participating in this research and they include [DESCRIBE RISKS, E.G., EMOTIONAL, SOCIAL, PSYCHOLOGICAL, PHYSICAL, ECONOMIC, ETC.]. To prevent or to deal with these risks the following steps will be taken [STATE HOW YOU WILL DEAL WITH RISKS].

Benefits

The potential benefits of your participation in this research include [STATE THE BENEFITS OF THIS RESEARCH, AS APPLICABLE: TO PARTICIPANTS; TO SOCIETY; TO THE STATE OF KNOWLEDGE].

[IF APPLICABLE INCLUDE THE FOLLOWING:]

Compensation

As a way to compensate you for any inconvenience related to your participation, you will be given [DESCRIBE ANY FORM OF PAYMENT, GIFT, CREDIT, ETC.]. If you consent to participate in this study, this form of compensation to you must not be coercive. It is unethical to provide undue compensation or inducements to research participants. If you would not participate if the compensation was not offered, then you should decline.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will [DESCRIBE WHAT WILL HAPPEN TO THE DATA – E.G., IT WILL: NOT BE USED; IMPOSSIBLE TO REMOVE FROM DATA BASE; USED ONLY IF PARTICIPANT GIVES PERMISSION – SEE BELOW]. [ALSO DESCRIBE WHAT WILL HAPPEN TO ANY COMPENSATION IN CASE OF WITHDRAWAL]

[IF APPLICABLE INCLUDE THE FOLLOWING:]

Researcher's Relationship with Participants

The researcher may have a relationship to potential participants as [STATE THE RELATIONSHIP, E.G., TEACHER/STUDENT; THERAPIST/CLIENT; SUPERVISOR/EMPLOYEE]. To help prevent this relationship from influencing your decision to participate, the following steps to prevent coercion have been taken [EXPLAIN HOW COERCION WILL BE PREVENTED].

[IF APPLICABLE INCLUDE THE FOLLOWING:]

On-going Consent

To make sure that you continue to consent to participate in this research, I will [EXPLAIN HOW YOU WILL HANDLE ONGOING CONSENT; THIS IS PRIMARILY AN ISSUE IN RESEARCH THAT OCCURS OVER MULTIPLE OCCASIONS OR AN EXTENDED PERIOD OF TIME, OR IF YOU INTEND TO USE THE DATA IN FUTURE RESEARCH].

Anonymity

In terms of protecting your anonymity [DESCRIBE HOW ANONYMITY WILL BE PROTECTED; OR EXPLAIN LIMITS TO ANONYMITY OR JUSTIFY WHY LOSS OF ANONYMITY IS REQUIRED].

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by [EXPLAIN HOW CONFIDENTIALITY WILL BE PROTECTED (I.E., STORAGE AND ACCESS; OR JUSTIFY THE LACK OF CONFIDENTIALITY)].

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways [DESCRIBE HOW YOU ANTICIPATE DISSEMINATING THE RESULTS, E.G.: WEB-SITE, DIRECTLY TO PARTICIPANTS; PUBLISHED ARTICLE; THESIS/DISSERTATION/CLASS PRESENTATION; PRESENTATIONS AT SCHOLARLY MEETINGS; OTHER – SPECIFY – See permission for visual data below)

[IF APPLICABLE INCLUDE THE FOLLOWING:]

Commercial Use of Results

This research may lead to a commercial product or service. The nature of this commercial use is [DESCRIBE].

Disposal of Data

Data from this study will be disposed of [DESCRIBE WHEN AND HOW DATA WILL BE DESTROYED, E.G., ELECTRONIC DATA WILL BE ERASED; PAPER COPIES WILL BE SHREDDED; OR JUSTIFY IF DATA WILL NOT BE DESTROYED AND DESCRIBE WHERE AND HOW IT WILL BE STORED].

Contacts

Individuals that may be contacted regarding this study include [AS APPLICABLE: RESEARCHER, CO-INVESTIGATORS, SUPERVISOR; INCLUDE CONTACT INFORMATION OR REFER TO THIS INFO AT BEGINNING OF CONSENT FORM].

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
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[THE FOLLOWING CAN BE USED TO CUSTOMIZE THE CONSENT FORM TO THE RESEARCH PROJECT REQUIREMENTS AND ARE NOT INTENDED AS AN EXHAUSTIVE LIST]

Visually Recorded Images/Data [IF APPLICABLE] Participant or parent/guardian to provide initials, *only if you consent*:

- Photos may be taken of me [my child] for: Analysis _____ Dissemination* _____

- Videos may be taken of me [my child] for: Analysis _____ Dissemination* _____

*Even if no names are used, you [or your child] may be recognizable if visual images are shown in the results.

[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)

A copy of this consent will be left with you, and a copy will be taken by the researcher.