

[Sample Consent Form – *Revise to suit study*]

*[General guidelines: Consent forms should be written so as to be easily understood by potential participants. The reading level of those being recruited should be considered. The use of jargon and complex language should be avoided. The information provided on consent materials should be neither too brief nor too long. All information provided on consent materials should be reflected in the appropriate area of the application.]*

 **CONSENT TO PARTICIPATE IN RESEARCH**

Title of Study:[*Insert title of study.]* ***[If the study involves using different consent forms for different populations, identify the population group as the subtitle of the study.*]**

You are asked to participate in a research study conducted by **[*insert names and identify all investigators - faculty, student and other*]**, from the **[*insert department affiliation*]** at [***insert Institution]****.* **[*If student, indicate that results will contribute to senior project, thesis, or dissertation*]. [*Identify sponsoring agency(ies)/organization(s).*]**

If you have any questions or concerns about the research, please feel to contact **[*identify contact person: Primary Investigator and/or supervisor]. Include daytime phone numbers or email for all listed individuals. For greater than minimal risk, include night/emergency phone numbers.*]**

PURPOSE OF THE STUDY

**[*State what the study is designed to assess or establish.*]**

**TIP:** Corresponds to SECTION B (8) of application.

PROCEDURES

If you volunteer to participate in this study, you will be asked to:

**[*Describe the procedures chronologically using simple language, short sentences and short paragraphs. The use of subheadings helps to organize this section and increases readability. Medical and scientific terms should be defined and explained. Identify any procedures which are experimental.*]**

**TIP:** Corresponds to SECTION B (9B) of application.

**[*Specify the participant’s assignment to study groups, length of time for participation in each procedure, the total length of time for participation, frequency of procedures, location of the procedures to be done, etc. Provide details about any plan to contact participants for follow-up sessions or subsequent related study.]***

POTENTIAL RISKS AND DISCOMFORTS

**[*Describe any reasonably foreseeable risks, discomforts, inconveniences (including for example, physical, psychological, emotional, financial and social), and how these will be managed.*]**

**TIP:** Corresponds to SECTION C (11) of application.

**[*If there are significant physical or psychological risks to participants that might cause the researcher to terminate the study, please describe them.*]**

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

**[*Describe benefits to participants expected from the research. If the participant will not benefit from participation, clearly state this fact.* *State the potential benefits, if any, to science or society expected from the research.*]**

**TIP:** Corresponds to SECTION C (13) of application.

COMPENSATION FOR PARTICIPATION

**[*State whether the participant will receive payment. If not, state so. If participant will receive payment, describe remuneration amount.*]**

**TIP:** Corresponds to SECTION C (20) of application.

CONFIDENTIALITY

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.

**[*Describe procedures to ensure confidentiality of data and anonymity of participants. Provide information on length of retention and security of data. If information will be released to any other party for any reason, state the person/agency to which the information will be furnished, the nature of the information, and the purpose of the disclosure.*]**

**TIP:** Corresponds to SECTION C (15-18) of application.

**[*If activities are to be audio- or videotaped, describe the participant’s right to review/edit the tapes, who will have access, if they will be used for educational purposes, and when they will be erased.*]**

PARTICIPATION AND WITHDRAWAL

**[*Indicate any conditions and participant’s withdrawal rights*]**. The investigator may withdraw you from this research if circumstances arise which warrant doing so. **[*If appropriate, describe the anticipated circumstances under which the participant’s involvement may be terminated by the investigator without regard to the participant’s consent. Indicate whether or not the participant has the option of removing the data from the study. If participant will receive payment, describe remuneration amount.***

**TIP:** Corresponds to SECTION C (14J, 14K, & 20B) of application.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

***[Include a statement of whether or not a summary of the research findings will be available to participants and how/where/when they will be made available to participants.*]**

Web address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date when results are available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSEQUENT USE OF DATA

These data may be used in subsequent studies, in publications and in presentations.

RIGHTS OF RESEARCH PARTICIPANTS

If you have questions regarding your rights as a research participant, contact the Research Ethics Chair via e‑mail at: ethics@stclaircollege.ca

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

I understand the information provided for the study **[*insert title*]** as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

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

Name of Participant

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

Signature of Participant Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

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

Signature of Investigator Date

Acknowledgement: The following was adapted from the University of Windsor with their permission.