**Consent Form Template**

**Instructions:** This template contains the minimum information that must be included in a Consent Form as well as a sample lay-out of a Consent Form. Please adapt the content and language of the form to suit your study and ensure that it is appropriate for your participants. Please review the Consent Form Guidelines for additional information.

|  |  |
| --- | --- |
| **[Your department letterhead]** | **Participant Consent Form** |

**Project Title:**

**Researcher(s):** [Your name, title, department, institutional affiliation, phone, email]

*[If applicable]:* List Supervisor, co-Investigator(s), student(s), Research Assistants individually: Name(s), title(s), department(s), institutional affiliation(s), phone(s), email(s)

**Purpose of the Research:** (see consent guidelines Section 3)

* [Describe]

**Procedures:** (see consent guidelines Section 4)

* [Describe procedures, research activities, description of any recording devices, location, time commitment, how many potential participants will be included or are anticipated]
* Please feel free to ask any questions about the procedures and goals of the study and your role as a participant

**Funded by:** *[If applicable]* (see consent guidelines Section 5)

* Include the name of the industry sponsor or granting agency
* Include a statement of any actual or potential conflict(s) of interest on the part of the researchers or sponsors

**Potential Risks:** (see consent guidelines section 6)

* There are no known or anticipated risks to you by participating in this research OR [Describe the risks to participants]
* *[If applicable]* Risk(s) will be addressed by [explain]
* *[If applicable]* Describe any debriefing procedures that will take place (include referrals for counseling and other services)
* *[If applicable]* Inform participants of your legal obligations if the research has the potential to reveal information that is required by law to be communicated to a law-enforcement or other agency
* *[If applicable]* Describe the circumstances under which you would terminate someone’s participation in the study

**Potential Benefits:** (see consent guidelines Section 7)

* [State the benefits of this research, as applicable: to participants, to society; to the state of knowledge]

**Compensation:** *[If applicable]* (see consent guidelines Section 8)

* [Describe compensation]

**Confidentiality/Anonymity:** (see consent guidelines Section 9)

* [Describe procedures to safeguard confidentiality and anonymity of responses; or explain limits to anonymity or justify why anonymity is not required]
* [Explain how confidentiality will be protected (i.e., storage and access; or justify limits to or waiving of confidentiality – *see below for explicit permission to use participant’s name*]
* Storage of data:
	+ [Describe how the data will be stored, with whom and for how long]
	+ [When the data is no longer required, the data will be destroyed]
* *[If applicable]* For data collected using an on-line survey company where data collected is anonymous: Data for this on-line survey is collected through [NAME OF WEBSURVEY COMPANY] which is located in [COUNTRY]. As such, the data is subject to [COUNTRY] privacy and security laws. This survey or questionnaire does not ask for personal identifiers or any information that may be used to identify you. The company servers may record incoming IP addresses of the computer that you use to access the survey, but the company asserts that no connection is made between your data and your computer’s IP address. The security and privacy policy for the on-line survey company can be found at: [LINK].
* *[If applicable]* For data collected using an on-line survey company where data collected is not anonymous: Data for this on-line survey is collected through [NAME OF WEBSURVEY COMPANY] which is located in [COUNTRY]. As such, the data is subject to [COUNTRY] privacy and security laws. Because of this, we cannot guarantee the full confidentiality and anonymity of your data. If you choose to participate in the survey, you understand that your responses to the survey questions will be stored and accessed in [COUNTRY] and may be linked to you. The security and privacy policy for the on-line survey company can be found at: [LINK].
* *[If applicable]* Include a statement of how the collected data will be used
* *[If applicable]* Describe the procedures in place to allow participants to review their transcripts and/or to review the quotations that will appear in the final report
* *[If applicable]:*In order to increase transparency, your anonymized data may be [**archived, deposited in a shared/open repository, analyzed by others etc.**] to make sure that the results from this study can be reproduced.

**Right to withdraw:** (see consent guidelines Section 10)

* Your participation is voluntary and you can answer only those questions that you are comfortable with.
* *[If applicable]* You have the right and may request that the [type of recording device] be turned off at any time
* You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
* *[If applicable]* Whether you chose to participate or not will have no effect on your position [e.g., employment, class standing, access to services] or how you will be treated
* Should you wish to withdraw, [describe the conditions (including the time limit, if any) under which they may withdraw and what will happen to their data].

**Follow up:** (see consent guidelines Section 11)

* To obtain results from the study, please [Indicate how participants may find out about the results or provide a location for general results]

**Questions or Concerns:** (see consent guidelines Section 12)

* If you have any questions or concerns, please contact the researcher(s) using the information at the top of page 1

**Questions or Concerns about Ethical Conduct:** (see consent guidelines Section 13)

* This project has been approved on ethical grounds by the MacEwan University Research Ethics Board on [date]. Any questions regarding your rights as a participant may be addressed to the Board at 780-497-4280 or REB@macewan.ca).

**Continued or On-going Consent**: [*If applicable*] (see consent guidelines Section 14)

* [Explain how you will handle ongoing consent when the research involves follow-up interviews, occurs over multiple occasions or an extended period of time]

**Documenting Consent:**

* Include a statement to the effect that consent does not constitute a waiver of legal rights in the event of research-related harm [Select appropriate option(s)] (see consent guidelines Section 14)

*Option 1 – Signed Consent*

My signature below indicates that I have read and understand the description provided. I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |   |  |  |  |
| *Name of Participant* |  | *Signature* |  | *Date* |

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 *Researcher’s Signature Date*

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

*Option 2 – Implied Consent for Surveys*

By completing and submitting the questionnaire, your free and informed consent is implied and shows that you understand the above conditions of participation in this study.

*Option 3 – Oral Consent*

If the consent will be obtained orally, this should be recorded. Oral consent can be audio/video taped or the Consent Forms can be dated and signed by the researcher.

I read and explained this Consent Form to the participant before receiving the participant’s consent, and the participant had knowledge of its contents and appeared to understand it.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Name of Participant* |  | *Researcher’s Signature* |  | *Date* |

*Option 4 – For Visual Data*

In cases where visual data is being sought, option 4 should be used to supplement one of the aforementioned consent options.

Visually Recorded Images/Data: Participant or parent/guardian to provide initials:

* 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 as part of the results.*

**Optional Consent to Data Storage for Future Research [if applicable] – see consent guidelines Section 15**

**To be used if the researcher is planning to store or share participant data for future use.**

The researchers also seek consent to store the research data gathered for this study in a research data repository, specifically [*indicate name of data repository, if known*]. This repository is [*indicate information about the governance of the repository, if known*].  This means your anonymized data may be used in future research projects related to [*include purpose of current research project*], and could help [*list possible benefits*].  ​It is possible that researchers using your data may not be subject to the same guidelines as our original study, so some projects may not have undergone ethics review before accessing your data; however you will not be identifiable in any of the information made available to future researchers. It is not possible to know all of the risks that may happen in a study, but the researchers have taken all reasonable safeguards to minimize any known risks to study participants [or identify any specific risks, if known].  If you agree to allow your data to be stored for future research, you will not be able to withdraw your consent, as we will not know which data belongs to you.

Consenting to depositing your data is voluntary, and will not impact your participation in our study [*or ability to access a program, resource etc as it relates to the research*].

I consent to my data being stored and used in future research.

**□**Yes / **□**No