

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

 **CONSENT TO PARTICIPATE IN RESEARCH**

Title of Study:[*Insert title of study.]*

You are asked to participate in a research study conducted by **[*insert names of all investigators – student and instructor*]**, from the **[*insert department affiliation*]** at Camosun College. **[*State the name and number of the course for which the research is being done.]***

If you have any questions or concerns about the research, please feel to contact **[*identify contact person: student investigator and course instructor. Include email address(es) and/or daytime phone numbers for all listed individuals.*]**

PURPOSE OF THE STUDY

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

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. Difficult terms should be defined and explained.***

**[*Specify the 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, financial and/or social), and how these will be managed.*]**

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.*]**

COMPENSATION FOR PARTICIPATION

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

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.*]**

**[*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.*]**

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

***[Say whether or not the data may be used in subsequent studies, in publications and/or in presentations.]***

RIGHTS OF RESEARCH PARTICIPANTS

If you have questions regarding your rights as a research participant, contact: Research Ethics Board Admin Assistant: Cheryle Wilson; Telephone: 250 370 4940; Email: Wilson@camosun.bc.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