**RESEARCH PROJECT INFORMATION SHEET AND CONSENT FORM TEMPLATE**

**Instructions:** This template contains the minimum information that must be included in the information sheet and Consent Form as well as a sample lay-out of a Consent Form. Pease 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.

Form must be on Institutional letterhead

It must be clear at the start that participants are invited to participate in a research project.

**Project Title:**

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

**Team Members:** *[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:** *[If applicable]* (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 payment or remuneration if applicable]

**Privacy/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]

*There is a difference between anonymous participation and anonymous data. For example, participants’ anonymity cannot be guaranteed if data is collected in a group setting, but the data obtained from that participation can be reported without identifiers.*

* [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*]
* [If confidentiality cannot be guaranteed (e.g. participants may be identifiable due to specific circumstances in the sample population), specify the limits to confidentiality.]

**Storage of data:** *[If data will be anonymous, this section may be omitted]*

* [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].

**Data Use:**

* Include a statement of how the collected data will be used.
* 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.
* Who will receive the results of the research? Describe how and where the results of research project will be disseminated and whether or how they will be made available to interested participants.
* Be sure to comment on whether direct quotations or personally identifying information (with permission only) will be reported; or whether reporting is only in aggregate or summarized form.
* State what information or feedback on the research project will be available or provided to participants after the project is complete (e.g. report, executive summary, poster, presentation). Indicate where results might be available.

**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 reviewed on ethical grounds by the Yukon University Research Ethics Board. Any questions regarding your rights or ethical concerns you may have as a participant may be addressed to the REB Chair by emailing ethics@yukonu.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 Informed Consent:** [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.
* I am not waiving any of my legal rights by signing this form.
* I am free to withdraw from participating in the research project and this will not affect me now, or in the future.

Include only the checkboxes that are relevant to your project (these are some community examples, not an exhaustive list. If you require consent for something that is not listed, insert more rows/checkboxes as required.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I agree to be audio-recorded |[ ] [ ]
| I agree to be video-recorded |[ ] [ ]
| I agree to be photographed |[ ] [ ]
| I agree to the use of direct quotations |[ ] [ ]
| I allow my name to be identified in any publications resulting from this project |[ ] [ ]
| I allow data collected from me to be archived in [*insert name/description of archive here]* |[ ] [ ]
| I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript |[ ] [ ]

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

### Footer must include Project Title and Page Number