**Informed Consent *(Sample)***

***Write at a reading level appropriate to your participant’s education. This form is for your participants so use the 2nd person point of view, the "you” voice, e.g. You will be given . . .***

***Delete all the red, italicized instructions when you have completed the form.***

Selkirk College, and those conducting this research study, subscribe to the ethical conduct of research and protection of participants. This research is being conducted under permission of the Selkirk College Research Ethics Board.

If you would like more detail about the study you should feel free to ask the researchers. Further, should you wish to learn about your rights as a participant in research, or about the responsibilities of researchers, or if you have any ethical questions, concerns, or complaints about the manner in which you were treated in this study, please contact the Selkirk College Research Ethics Board at reb@selkirk.ca.

**Study Title:** *Replace this text*

**Investigator(s) name(s):** *Replace this text*

**How to contact the research team:** *Replace with contact info for the Principal Investigator*

**Purpose and goals of this study:** *Replace this text.*

**What the participants will be required to do:**  *Replace this text with a description of the research procedures, the expected duration, the nature of participation required of the participants, and assurance that their participation is voluntary.*

**Risk to the participant or third parties:** *Replace this text with information about any health, safety, economical, or psychological risks to the subject and how you will manage those risks*.

**Benefits of the study to the development of knowledge:** *Replace this text with information explaining how the study will contribute to the body of knowledge.*

**Privacy and confidentiality:** *Replace this text with:*

* *A statement indicating how you will ensure confidentiality and (if applicable) anonymity of the data.*
* *A statement on how you will keep the raw data secured, for how long, and who will destroy it.*
* *The name of any online data management tools you will use (e.g., transcription services), a link to the tool’s privacy policy, and an indication of how long data will remain on the tool’s servers before it is deleted.*

**Inclusion of names of participants in reports of the study:** *Replace this text with a statement to the participant indicating whether names will be included in the study. If you want to ask participants if they will permit use of their name or quotes, include a statement and checkbox in the signature section.*

**Contact of participants at a future time or use of the data in other studies:**

*Replace this text with a statement indicating:*

* *if participants will be contacted at a future time;*
* *if you will use the data for this study only or make it available for future studies*

**Conflict of interest:** *Replace this text with a description of any apparent or potential conflict of interest on the part of the researchers, their institution or sponsors. If there is no conflict of interest, delete this section.*

**Plan for dissemination of data**: *Please indicate your plan for dissemination e.g. publication or presentation. Also indicate if there is a possibility that research findings will be commercialized.*

**Additional Information:***Replace these examples with any other information that you feel may be necessary in your consent form. See examples for the type of information you might put here.*

* *Example 1: In a study in which the researcher is collecting blood, the researcher might want to include a Declaration of Health of Participant: “By signing this form I declare to the best of my knowledge that I am free from HIV, Hepatitis C, etc”.*
* *Example 2: In a study where the data may reveal information about a pre-existing medical condition, include a statement that if such an event occurs, the subject should consult his/her doctor. “By signing this form I recognize that this study may find a pre-existing medical condition and if this occurs, I should consult a doctor.”*

*If there is no information pertinent to this section, delete it.*

Having been invited to participate in the research study named above, I:

* Certify that I have read the study procedures which are described in this document
* Understand the procedures to be used in this study and the personal risks to me in taking part
* Understand that I may withdraw at any time without penalty, and that I will be given continuing and meaningful opportunities to decide whether to continue participating
* Understand the risks and contributions of my participation in this study
* Voluntarily agree to participate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICIPANT** |  |  |  |  |
|  |  |  |  |  |
| Name (Print) |  | Signature |  | Date |
| **RESEARCHER** |  |  |  |  |
|  |  |  |  |  |
| Name (Print) |  | Signature |  | Date |

A copy of this consent form will be given to you. Please keep it in your records for future reference.