

This document is a template. The italicized text is instructional. Delete it, including these paragraphs, when creating your consent form.

**Do not** alter the mandatory statements that appear in this template as regular type unless you have the CFREB’s permission to do so.

Supply the information requested under the bolded headings (e.g., Purpose of the Study). **Do not** modify these headings unless you have the CFREB’s permission to do so. Use ordinary language, understandable by a layperson. Add details relevant to your study. Please check the correctness of your spelling and grammar.

Before submitting your consent form to the CFREB, check Chapter 3 of the Tri-Council Policy Statement (TCPS) to ensure that your form meets the requirements listed in Articles 3.1 and 3.2:

[*https://ethics.gc.ca/eng/tcps2-eptc2\_2018\_chapter3-chapitre3.html*](https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter3-chapitre3.html)

**Name of Researcher, Faculty, Department, Telephone & Email**:

(*Insert your name and title, and those of your co-researchers)*

**Supervisor:**

*(If the researcher is a student, the supervisor’s name and department appears here, otherwise delete)*

**Title of Project:**

(*The title of the project goes here)*

**Sponsor:**

(*If applicable, identify the project funding source here)*

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Participation is completely voluntary, [and anonymous/confidential] *(select the appropriate level of confidentiality for participants)*.

# Purpose of the Study

Describe the purpose of the study in clear and simple language that a layperson will understand. Avoid technical jargon and theoretical concepts that your participants are unlikely to be familiar with. No more than a paragraph of text is necessary.

# What Will I Be Asked To Do?

In plain language, describe what the participant will be asked to do. Remember that participants cannot provide truly informed consent unless it is clearly explained to them what they will be asked to do. Describe the tasks participants will be asked to perform. If participants will be asked to complete a questionnaire or survey, give examples of the types of questions that will be asked, and be very clear when personal and sensitive questions are included. State (approximately) how much time participation will require.

If you are requesting to videotape or audiotape participants, state that clearly here and provide the rationale.

If there will be a follow up (e.g., a second part to the study), indicate how this will be accomplished (e.g., how will participants be contacted?). Indicate that participation in the follow up is completely voluntary.

End this section by stating that participation is completely voluntary, that the individual may refuse to participate altogether, may refuse to participate in parts of the study, may decline to answer any and all questions, and may withdraw from the study at any time without penalty or loss of benefits to which s/he is otherwise entitled (for example: assistance received through Agency “X” will not be affected).

# What Type of Personal Information Will Be Collected?

If no personal identifying information is to be collected (e.g., names, social insurance numbers, student ID numbers, emails, etc.), and the participant will be anonymous, use the following statement:

“No personal identifying information will be collected in this study, and all participants shall remain anonymous.”

If information such as gender, age, ethnicity, educational level, etc., is collected, provide a description of the type of information you will be collecting. For example, “Should you agree to participate, you will be asked to provide your gender, age, and academic major.”

*If you wish to audiotape or videotape the participant, explain who will have access to the recordings and whether the recordings will ever be shown in public.*

If applicable to your research, describe options available to the participant. To do so, it may be useful to create a check list to enumerate the participant’s choices. If the options below will be different for data collection vs. dissemination or results, this should be clarified, with statements added or revised, as needed. For example, you might explain to the participant:

“There are several options for you to consider if you decide to take part in this research. You can choose all, some, or none of them. Please review each of these options and choose Yes or No:”

I grant permission to be audio-taped: Yes: \_\_\_ No: \_\_\_

I grant permission to be video-taped: Yes: \_\_\_ No: \_\_\_

I grant permission to have my company’s name used: Yes: \_\_\_ No: \_\_\_

I wish to remain anonymous: Yes: \_\_\_ No: \_\_\_

I wish to remain anonymous, but you may refer to me by a pseudonym: Yes: \_\_\_ No: \_\_\_

The pseudonym I choose for myself is:

You may quote me and use my name: Yes: \_\_\_ No: \_\_\_

*You can revise the list of choices as necessary to accommodate the circumstances of your research. You can also add choices that are relevant to your circumstances.*

# Are there Risks or Benefits if I Participate?

*List reasonably foreseeable risks, harms, or inconveniences to the participant. If the research necessitates the provision of rescue mechanisms (e.g., if there is a possibility of identifying distressed individuals?), advise the participant what these are, how to access the support, and whether there is any cost to the individual. This information is usually listed in a handout or debriefing document that is provided to the participant, to supplement the verbal description of these resources.*

*If the research has the potential to reveal information that is required by law to be reported to a law enforcement or other agency (e.g., child abuse), inform your participant of your legal obligations.*

*If the participant will be paid to take part in the research, describe the payment. Describe the partial payment arrangement if the participant withdraws before the study is completed (e.g., participants might be paid $5.00 out of a possible $25.00 if they decide to withdraw). If the participant will incur any costs, describe these.*

# What Happens to the Information I Provide?

*Explain who will have access to the information collected (e.g., principle investigator, research assistants, etc.).*

*State how the participant’s contribution will be treated. For example, will pseudonyms or some other means of ensuring anonymity be used? Explain any limitations to the anonymity / confidentiality that you can offer.*

[Participants are free to withdraw until XX date//XX weeks/months after data collection.] *Tell the participant when withdrawal is not longer possible, and what will happen to their information if they decide to withdraw. (Note: in the case that a participant withdraws from a study, the TCPS advises that all data the participant contributed to the study be destroyed unless this is not feasible or there are compelling reasons not to do so.)*

*“No one except the researcher and her supervisor will be allowed to see or hear any of the answers to the questionnaire or the interview tape. There are no names on the questionnaire. Only group information will be summarized for any presentation or publication of results. The questionnaires are kept in a locked cabinet only accessible by the researcher and her supervisor. The anonymous data will be stored for five years on a computer disk, at which time, it will be permanently erased.” (Revise as appropriate for the type of data collection, the information being collected, and the data retention plan).*

*The following options can be added and adapted to the consent form, as needed:*

*“Would you like to receive a summary of the study’s results?* *Yes: \_\_\_ No: \_\_\_*

*If yes, please provide your contact information (e-mail address, or phone number)”*

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*“Are you interested in being contacted about a follow-up interview, with the understanding that you can always decline the request?” Yes: \_\_\_ No: \_\_\_*

# *Signatures*

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant’s Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*For studies using anonymous online surveys for data collection, replace the Participant’s Name and Signature fields with the options “I consent to participate in this research study” and “I do not wish to participate in the research study” (the second option routes to a page that is not the survey and does not collect data).*

# Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

*Dr./Ms./Mr. (Insert name of* ***principal researcher(s),***

*Department/Faculty of XXXXXXX*

*Telephone, email*

*and (supervisor's name, department/faculty telephone number, and email if applicable)*

If you have any concerns about the way you’ve been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at 403.220.6289 or 403.220.8640; email [cfreb@ucalgary.ca](mailto:cfreb@ucalgary.ca). A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.