



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

*Supply the information requested under the bolded headings. Use plain language, understandable by a layperson (grade 7 level). Consider reading the informed consent aloud with the participant to ensure understanding of risk. Add details relevant to your study. Be sure the consent form is written in second person. Please check the correctness of your spelling and grammar.*

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**Name of Researcher, 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 the project is funded, identify the funding source here)*

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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.

*Researcher to Supply the Following (include the headings below in your consent form)*

**Purpose of the Study:**

*Describe the purpose of the study and tell the participant how s/he was chosen as a possible participant, if applicable, invite the individual to be a participant.*

**What Will I Be Asked To Do?**

*Describe exactly what the participant is expected to do. State (approximately) how much time it will take, include details such as the number of questionnaires or other requirements for their participation. Indicate if there is any follow-up and when.*

*Indicate that the individual's participation is voluntary, that the individual may refuse to participate altogether, may refuse to participate in parts of the study (if this is acceptable to the research), or 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, etc.), and the participant remains 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 applicable to the research, describe options available to the participant. To do so, it may be useful to create “check boxes” to help enumerate a participant’s choices. For example, you might instruct 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 put a check mark on the corresponding line(s) that grants me your permission to:”*

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

*I grant permission to be videotaped: 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: \_\_\_*

### **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, advise the participant what these are, how to access the support, and whether there is any cost to the individual.*

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

*If the person will be paid to take part, describe that payment. If they will incur any costs, describe these.*

### **What Happens to the Information I Provide?**

***Explain who will have access to the information collected.***

*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.*

*Tell the participant what will happen to their information if s/he decides to withdraw.*

### ***Confidentiality vs. Anonymity***

#### ***Confidentiality***

*Maintaining confidentiality of information collected from research participants means that only the investigator(s) or individuals of the research team can identify the responses of individual subjects; however, the researchers must make every effort to prevent anyone outside of the project from connecting individual subjects with their responses.*

#### ***Anonymity***

*Providing anonymity of information collected from research participants means that either the project does not collect identifying information of individual subjects (e.g., name, address, Email address, etc.), or the project cannot link individual responses with participants’ identities. A study should not collect identifying information of research participants unless it is essential to the study protocol.*

#### ***For example***

*“Participation is completely voluntary, anonymous and confidential. You are free to discontinue participation at any time during the study. 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."*

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**Signatures (written consent)**

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

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: \_\_\_\_\_

**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 of XXXXXXXX  
Telephone, email*

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

If you have any concerns about the way you have been treated as a participant, please contact the Bow Valley College Research Ethics Board email at [researchethics@bowvalleycollege.ca](mailto:researchethics@bowvalleycollege.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.