

Consent Form

Title of the study: ...

Name of Principal Investigator
Affiliation (Department, Faculty, Institute)
Email address
Telephone number (not required)

Name of Supervisor (if applicable)
Affiliation (Department, Faculty, Institute)
Email address
Telephone number

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by (names of researchers):

Purpose of the Study: The purpose of the study is to (clearly indicate the aim of the study, its purpose and objectives, in a language that participants are able to comprehend using a grade 8 reading level).

Participation: My participation will consist of (description of tasks that participants will have to perform (e.g., complete online questionnaires, participate in interviews or focus groups, etc.). During (insert type of tasks), I will be asked (include themes and/or topics that will be covered). ***Be specific (include details: # of sessions/tasks, duration of each session/task, if audio- and/or video-recording, if participants will be reviewing transcripts, etc.).

**If audio/video-recording or photographs are optional, add a space for participants to indicate this choice (e.g., check boxes).*

Risks: My participation in this study will entail that I (e.g., volunteer personal information, discuss sensitive topics) and this may cause me to feel (describe potential risks or inconveniences, whether emotional, psychological, physical, social, economic or other). I have received assurance from the researchers that every effort will be made to minimize these risks (describe what measures are taken to minimize such risks – e.g., option to refuse to answer, option to withdraw, identities will not be revealed, resources will be provided, etc.).

Benefits: My participation in this study will (explain how the participation will benefit the participant, society and/or how it will contribute to the advancement of knowledge).

Confidentiality and Privacy I have received assurance from the researchers that the information I will share will remain strictly confidential. I understand that the contents will be used only for (purposes for which the collected data will be used) and that my identity will be protected (explain if anonymity will be guaranteed. If anonymity cannot be protected, state this explicitly, explain the reason why and explain the risks involved for the participant, the organization, etc.; also, explain whether or not the identity of the participants or their organizations will be revealed in publications).

**If participants are given the option of remaining anonymous or using their real names/affiliations, add a space for them to indicate this choice (e.g., check boxes).*

**If participants take part in a group activity/discussion, add the following sentences (as they apply to your project): I am aware of the limits to confidentiality of participating in a group activity. While the researchers will respect the confidentiality of participant data, I understand*

Commented [A1]:

In most cases, the consent form should be provided on University of Ottawa letterhead.

Note: This consent form is merely a template. The Researchers are to adapt the form to accurately reflect their research project and **remove any italicized text in the final version.**

Commented [A2]:

If the study is being conducted for academic purposes, specify the type of project (e.g., Master's Thesis, Doctoral Thesis, etc.) and add that it is under the supervision of Professor XYZ.

If the project is funded, indicate the funding source.

Commented [A3]:

Participation = see Section 3 of your eReviews form.

Commented [A4]:

Risks = see Section 4 of your eReviews form.

Commented [A5]:

Privacy = see Section 5 of your eReviews form.

that they cannot guarantee that other members of the group will preserve the confidentiality of the information I will share.

**If yours is a study where the protection of confidentiality may be breached because of a legal obligation, indicate this in the consent form and explain the reason.*

**If data collection is online, add the following sentence (as it applies to your project) In order to minimize the risk of security breaches and to help ensure my confidentiality, it is recommended that I use standard safety measures, such as signing out of my account, closing my browser, and locking my device when I am no longer using it/when I have completed the study.*

Conservation of Data: The data collected (*list the data collected, both hard copy and electronic data; including audio/video recordings, transcripts, survey datasets, researchers' notes, consent forms, etc.*) will be kept in a secure manner (*describe how and where the data will be stored, who will have access to it, and how long it will be conserved*).

Commented [A6]:
Conservation of Data = see Section 6 of your eReviews form.

Compensation: Describe if there is compensation – include details: *type (money, ISPR credit, draw entry, gift card, gift, etc.) and specify amount/value*. If I choose to withdraw from the study, I will still receive this compensation.

Commented [A7]:
If no compensation is being offered, remove this paragraph.
Compensation = see Question 3.8 of your eReviews form.

**Draws: If you want to offer compensation in the form a draw, clearly identify the prize, and how participants will be informed of the results of the draw.*

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences (*you may want to go into detail if there is a perceived risk of coercion, if the researcher is in a position of authority, for example*). If I choose to withdraw, all data gathered until the time of withdrawal will be removed from the dataset and not used in the study (*if this is not the case, explain why*).

**For anonymous survey: While participants may withdraw from the study at any time, if this is not feasible given the anonymous nature of the study, the consent form should explain that once the survey is submitted, participants will be unable to withdraw their data from the study as the researchers will be unable to retrace individual datasets.*

**For focus groups: Given that focus group data are highly dependent on the overall group discussion, the REB suggests that the researchers state that the data will be used should one choose to withdraw given the collective nature of the group discussion.*

If I have any questions about the study, I may contact the researcher or their supervisor. If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research Ethics and Integrity via email (ethics@uottawa.ca) or telephone (613-562-5387).

It is recommended that I (*keep/print/save*) a copy of this consent form for my records.

Choose one of the options below, as it applies to your study (and modify, if necessary):

If signed consent is sought:

Acceptance: By signing my name below, I agree to participate in this research study.

Participant's name: _____	Date: _____
Participant's signature: _____	Date: _____
Researcher's signature: _____	Date: _____

If verbal consent is sought and/or participation is anonymous (e.g., anonymous online survey):

Acceptance: By selecting the consent statement below, I agree to participate in this research study.

- ☐ Yes, I want to participate.
- ☐ No, I do not want to participate.

If consent is obtained online and personal identifiers are required (e.g., survey with name/email):

Acceptance: By selecting the consent statement below, I agree to participate in this research study.

- ☐ Yes, I want to participate.
(Name/Code): _____
Email/Telephone number: _____
- ☐ No, I do not want to participate.

If consent is implied based on the action of a participant (e.g., anonymous paper-based survey):

Acceptance: By completing and returning the survey, I am consenting to participate in this research study.