

Sample Consent Form

(MINIMAL RISK RESEARCH WITH STUDENTS USING INTERVIEWS TO COLLECT DATA)

= sections that should be tailored to the research you are conducting

INFORMATION AND CONSENT TO PARTICIPATE IN RESEARCH

Title: Exploring the Experiences of Conestoga College Students

You are being asked to participate in a research study conducted by Dr. Someone, from Student Services at Conestoga College Institute of Technology and Advanced Learning (CCITAL). This research is being funded by some organization.

If you have any questions or concerns about the research, please feel free to contact Dr. Someone at (519) 555-1111 or someone@somewhere.com.

PURPOSE OF THE STUDY

This study is designed to examine the experiences of first year students at Conestoga College and determine how to better support students in their first year.

PROCEDURES

If you volunteer to participate in this study, it will take approximately 30-45 minutes. During this time you will be asked to:

- participate in a one on one interview session
- offer your feedback about Conestoga College including your suggestions for how Conestoga could improve its supports for first year students
- participate in a follow-up interview six months after you first participate (you will be contacted directly using your student email for this follow-up interview)

POTENTIAL RISKS AND DISCOMFORTS

Discussing your experience as a new student could cause you to feel upset but this is not an unusual response

If any part of your participation in this research makes you feel upset and you would like to talk about this
with someone after the interview, please make an appointment with Counselling Services by visiting their
office located in the Student Life Centre, 1A101, or by calling them at 519-748-5220, x3360.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

By participating in this study:

- you are offered the opportunity to talk about your experiences as a first year student at Conestoga College
- you will increase the knowledge held by researchers, the College and policy makers about first year experiences
- your comments and feedback may also help improve the services currently offered to support first year students by the College

CONFIDENTIALITY

Every effort will be made to ensure confidentiality of any identifying information collected in this study:

- Interviews will be tape recorded and transcribed at which point, all identifying information will be removed
- Tape recorded interviews will be downloaded onto a password-protected computer and the original recordings will be deleted
- All transcribed interviews will also be stored on a password-protected computer
- Only the researcher, Dr. Someone, will have access to interview data
- The funding agency "Some Organization" will only have access to coded data which will have all identifying information removed.

HANDLING AND SECURITY OF DATA

Data collection can never be guaranteed to be completely secure. However every effort will be made to ensure that your privacy and confidentiality is protected throughout the study. Data will be kept for 5 years and then destroyed by Dr. Someone.

ANONYMITY

- Your data will be coded so that only the researchers are able to link your comments or data to your name
- All data will be presented in reports, presentations or other final summaries in a summarized format so that no one will be able to identify you from your comments or data.
- Because the study will be video recorded, you will not be an anonymous participant.
- Researchers will need to use your personal email to contact you for follow up phases of the study.

PARTICIPATION, WITHDRAWAL and RIGHTS OF RESEARCH PARTICIPANTS

You can choose whether to be in this study or not.

- You may withdraw consent at any time without academic or other consequences of any kind.
- You may exercise the option of removing your data from the study. However once all identifying information has been removed, all interviews and survey responses will become anonymous and it will not be possible for participants to ask for their data to be removed from the study.
- You may also refuse to answer any questions you don't want to answer and still remain in the study.
- The investigator may withdraw you from this research if circumstances arise that warrant doing so.
- You are not waiving any legal claims, rights or remedies because of your participation in this research study.

PAYMENT FOR PARTICIPATION

- For your participation, your name, if you are interested, will be placed into a draw to win a \$50 gift card for the Conestoga College Bookstore.
- Once winners of the draw are selected and contacted, all names and identifying information will be destroyed.
- If you wish to participate in the draw, you will be asked to provide personal contact information.

RESULTS OF THE STUDY

The results of the study will be shared in reports, conferences, presentations and may be published in the following formats: in electronic newsletters, other promotional materials, reports and in published journals. The results of the study will be available to you at the following website: <u>www.somewebsite.com</u> by date.

This study has been reviewed and received ethics clearance through the CCITAL Research Ethics Board. If you have questions regarding your rights as a research participant, contact:

Research Ethics Coordinator Conestoga College Institute of Technology and Advanced Learning 299 Doon Valley Drive Kitchener, ON N2G 4M4 rebcoordinator@conestogac.on.ca

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE

 I have read and understood the information provided for the study "Exploring the Experiences of Conestoga College Students" as described herein.

- I understand the potential risks and discomforts involved.
- My questions have been answered to my satisfaction.
- I have been given a copy of this form.
- I agree to participate in the research study.
- I have provided my verbal consent to participate in this study.

□ Yes □ No I agree to participate in this study

□ Yes □ No I agree to have the interview tape recorded or video recorded

Name of Participant (please print)	Signature of Participant	Date
SIGNATURE OF WITNESS		
Name of Participant (please print)	Signature of Participant	Date

Acknowledgements – This form has been adopted from the University of Guelph with their permission, Conestoga College gratefully acknowledges the contribution of the University of Guelph in this regard.