

[INSTRUCTIONS: This template is intended to provide an overview of the basic content required and a sample lay-out for a point form version of a consent form. ***Please adapt the content and language of the form for your study and ensure that it is appropriate for your participants (e.g. lay-people, children).*** Yellow highlights are only meant to draw attention to sections often left in when they are not required. You are welcome to use a different lay-out that may better suit you and your audience as long as all the relevant sections are included. ***Also, please ensure that there is consistency between the content of your ethics application and your Consent Form.]***

Point-form Consent Form Template

[Your department letterhead]

Participant Consent Form

Project Title:

Funded by: *[IF APPLICABLE]*

Researcher(s): [YOUR NAME, POSITION (Faculty, Graduate or Undergraduate Student, Post Doc, Staff), DEPARTMENT, UNIVERSITY OF VICTORIA, PHONE, EMAIL]

Supervisor: [SUPERVISOR'S NAME, DEPARTMENT, PHONE NUMBER, EMAIL]

[IF APPLICABLE]: List co-Investigator(s), Research Assistants individually: NAME(S), DEPARTMENT, INSTITUTION, PHONE, EMAIL.

Purpose(s) and Objective(s) of the Research:

- *[Describe]*

This Research is Important because:

- *[Describe]*

Participation:

- *[State why participant has been selected to participate]*
- Participation in this project is entirely voluntary.
- Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing] or how you will be treated.

Procedures:

- *[Describe procedures, research activities, method of recording participant]*
- **Duration:**
- **Location:**
- **Inconvenience:** *[IF APPLICABLE]*

[IF USING A WEB BASED SURVEY THAT IS LOCATED IN THE UNITED STATES (E.G. SURVEY MONKEY, ZOOMERANG) YOU MUST INCLUDE THE FOLLOWING ABOUT THE U.S. PATRIOT ACT:]

Please be advised that information about you that is gathered for this research study (STATE IF IT INCLUDES IDENTIFIABLE INFORMATION) uses an online program located in the U.S. As such, there is a possibility that information about you may be accessed without your knowledge or consent by the U.S. government in compliance with the U.S. Patriot Act.

Compensation: [IF APPLICABLE]

- [Describe compensation]
- It is unethical to provide undue compensation or inducements to research participants. If you would not participate if the compensation was not offered, then you should decline.

Benefits:

- [STATE THE BENEFITS OF THIS RESEARCH, AS APPLICABLE: TO PARTICIPANTS; TO SOCIETY; TO THE STATE OF KNOWLEDGE].

Risks:

- There are no known or anticipated risks to you by participating in this research or [E.G., EMOTIONAL, SOCIAL, PSYCHOLOGICAL, PHYSICAL, ECONOMIC, ETC.]
- **Risk(s) will be addressed by** [EXPLAIN]:

Researcher's Relationship with Participants: [IF APPLICABLE]

- The researcher may have a relationship to you as [STATE THE RELATIONSHIP, E.G., TEACHER/STUDENT; THERAPIST/CLIENT; SUPERVISOR/EMPLOYEE].
- To help prevent this relationship from influencing your decision to participate, the following steps to prevent coercion have been taken [EXPLAIN HOW COERCION WILL BE PREVENTED].

Withdrawal of Participation:

- You may withdraw at any time without explanation or consequence.
- Should you withdraw, your data [DESCRIBE WHAT WILL HAPPEN TO DATA].

Continued or On-going Consent: [IF APPLICABLE]:

- [EXPLAIN HOW YOU WILL HANDLE ONGOING CONSENT WHEN THE RESEARCH INVOLVES FOLLOW-UP INTERVIEWS, OCCURS OVER MULTIPLE OCCASIONS OR AN EXTENDED PERIOD OF TIME, OR IF YOU INTEND TO USE THE DATA IN FUTURE RESEARCH].

Anonymity and Confidentiality:

- [DESCRIBE HOW ANONYMITY WILL BE PROTECTED; OR EXPLAIN LIMITS TO ANONYMITY OR JUSTIFY WHY ANONYMITY IS NOT REQUIRED].
- [EXPLAIN HOW CONFIDENTIALITY WILL BE PROTECTED (I.E., STORAGE AND ACCESS; OR JUSTIFY LIMITS TO OR WAIVING OF CONFIDENTIALITY – SEE BELOW FOR EXPLICIT PERMISSION TO USE PARTICIPANT'S NAME].

Research Results will [may] be Used/Disseminated in the Following Ways:

- [E.G.: DIRECTLY TO PARTICIPANTS; PUBLISHED ARTICLE; THESIS / DISSERTATION/ CLASS PRESENTATION; PRESENTATIONS AT SCHOLARLY MEETINGS; REPORT TO ORGANIZATION OR OTHER – SPECIFY]

Disposal of Data

- Data from this study will be disposed of [DESCRIBE WHEN AND HOW DATA WILL BE DESTROYED, E.G., ELECTRONIC DATA WILL BE ERASED; PAPER COPIES WILL BE SHREDDED; OR JUSTIFY IF DATA WILL NOT BE DESTROYED AND DESCRIBE WHERE AND HOW IT WILL BE STORED].

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- Contact the Human Research Ethics Office, University of Victoria, (250) 472-4545
ethics@uvic.ca

Consent [SELECT APPROPRIATE OPTION(S) FROM BELOW]:

[FOR SIGNED CONSENT] Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
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A copy of this consent will be left with you, and a copy will be taken by the researcher.

[THE FOLLOWING CAN BE USED TO CUSTOMIZE THE CONSENT FORM TO THE RESEARCH PROJECT REQUIREMENTS AND ARE NOT INTENDED AS AN EXHAUSTIVE LIST]

[FOR IMPLIED CONSENT FOR SURVEYS] By completing and submitting the questionnaire, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

[FOR VISUAL DATA ONLY]

Visually Recorded Images/Data: Participant or parent/guardian to provide initials, *only if you consent:*

- Photos may be taken of me [my child] for: Analysis _____ Dissemination* _____
- Videos may be taken of me [my child] for: Analysis _____ Dissemination* _____

*Even if no names are used, you [or your child] may be recognizable if visual images are shown as part of the results.

Waiving Confidentiality [IF APPLICABLE] *PLEASE SELECT STATEMENT*

I consent to be identified by name / credited in the results of the study.
I consent to have my responses attributed to me by name in the results.

_____ (Participant to provide initials)

Future Use of Data [IF APPLICABLE] *PLEASE SELECT STATEMENT*

I consent to the use of my data in future research: _____ (Participant to provide initials)

I **do not** consent to the use of my data in future research: _____ (Participant to provide initials)

I consent to be contacted in the event my data is requested for future research: _____
(Participant to provide initials)