

Draft of Sample Consent Form for Studies Involving Human Subjects

The following points should be included in the preparation of a consent form for use in research involving human subjects where participants are over 18 years old.

- Your voluntary participation is being requested to take part in a research project called _____ that is being carried out by _____.
- The general aims of this study are _____.
- If you agree to participate in this research project, you will be asked to __ (general description of the activities involved)_____.
- Your participation in this research project is entirely voluntary and you will not be penalized or adversely affected in any way should you decline to participate, withdraw from the study at any time (even after giving initial consent), refuse to answer particular questions, or refuse to participate in a portion of the study.
- Your anonymity will be maintained by __ (process to ensure anonymity)_____ and your identity will not be revealed to others (except _____).
- Confidentiality with respect to the information you provide will be secured by ____ (process to ensure confidentiality)_____ and the individual answers that you provide will not be shared or presented in any way that would reveal you as the source of that information (except _____).
- The benefits of being a participant in this study include _____.
- The risks of being a participant include _____.

- The time commitment / costs / inconveniences of participating in this study include _____.
- At the conclusion of this study, the information collected will be _(process for preparing data for storage, e.g., transcribed, coded...)_____, stored for a period of _____, and destroyed by_____.
- The results of this study will be used_(purpose if know)_____ and presented at_(if known)_____ OR The results of this study will contribute to the advancement of knowledge in _____(name of academic discipline)

If you have any questions or concerns regarding the project, the methods used in the study or your treatment as a participant, please contact (principal investigator's name and contact information including phone number) **and** the Douglas College Research Board Chair - Dr Kathy Denton, phone: 604-527-5300, email: dentonk@douglas.bc.ca

I, _____, understood the information stated above. I have been given an opportunity to have all my questions and concerns answered fully. I agree to participate in this study and indicate my consent by signing below.

Signature of Participant

Date

Co-Signature (if required e.g. witness)

Date