***Please replace or delete the instructional text in red font before submitting to the REB. Arrange to give or send a copy of the completed Consent Form to parent or guardian of participant.***

**General Informed Consent Template for Participants**

**Text in blue is sample wording that is acceptable to the REB. However, make sure to alter the wording, if necessary, to reflect your research plan, or to include any additional needed information.**

***If this document will be signed by a parent or guardian, please see the Parent or Guardian consent template posted on our website.***

|  |
| --- |
| **Study Title** *Study Title***Name and Contact Information of Researchers:**  Name, Carleton University, Department/School/Faculty  Tel.: \*\* (Carleton Phone Number (if applicable)) Email: \*\* (Carleton Email)  Supervisor and Contact Information: *(if any)***Carleton University Project Clearance** Clearance #: \*\* *(this 6-digit # will be assigned to your study*)  Study Clearance Date: \*\* Consent form version date: \*\*Project Sponsor and Funder (if any) *Study Sponsor* |

# Invitation

You are invited to take part in a research project because you are [describe the population sought to be recruited]. The information in this form is intended to help you understand what we are asking of you so that you can decide whether you agree to participate in this study. Your participation in this study is voluntary, and a decision not to participate will not be used against you in any way. As you read this form, and decide whether to participate, please ask all the questions you might have, take whatever time you need, and consult with others as you wish.

# What is the purpose of the study?

*Briefly describe the background and purpose of the study*

# What will I be asked to do?

If you agree to take part in the study, we will ask you to:

*For example:*

* *What will the participant be asked to do (e.g., complete a survey, individual interview, focus group, exercise program, etc.)?*
* *If the study requirements are more involved or involve ongoing activities, described these.*
* *What is the nature of the requested information?*
* *Where will this take place?*
* *How long is/are the activity(ies) expected to last?*
* *Will the interview be audio or videotaped? If so, can the participant choose not to be recorded?*

# Risks and Inconveniences

*Describe any foreseeable physical, emotional/psychological, social/legal/economic, or privacy risks entailed by participating in the project along with any special discomforts or inconveniences that may be experienced. Mention only reasonably foreseeable risks.*

Or

We do not anticipate any risks to participating in this study.

Or

For blood draws: You may experience some temporary discomfort when the blood sample is taken. There is a small risk of bruising, infection or swelling at the site where the needle is inserted, and some people may feel faint or dizzy. About \*\* ml (about \*\* tablespoons) of blood in total will be collected from participants in this study.

# Possible Benefits

*Describe possible benefits or:*

You may not receive any direct benefit from your participation in this study. However, your participation may allow researchers to better understand *[add brief description of study goal]*

# Compensation/Incentives

*Describe any compensation or incentives to be paid or given to participants. Where participation involves multiple visits or activities, describe if and how compensation will be prorated.*

Or

You will not be paid or compensated for your participation in this study.

# No waiver of your rights

By signing this form, you are not waiving any rights or releasing the researchers from any liability.

# Withdrawing from the study

If you withdraw your consent during the course of the study, all information collected from you before your withdrawal [will be discarded or] will still be used, unless you request that it be removed from the study data.

After the study, you may request that your data be removed from the study and deleted by notice given to the Principal Investigator (named above) [within *\*\* days/months* after your completion] or [before (date)].

# Confidentiality

We will remove all identifying information from the study data as soon as possible, which will be after …

We will treat your personal information as confidential, although absolute privacy cannot be guaranteed. No information that discloses your identity will be released or published without your specific consent. Research records may be accessed by the Carleton University Research Ethics Board in order to ensure continuing ethics compliance*.*

Also, insert any other reasonably foreseeable disclosure obligations e.g. All data will be kept confidential, unless release is required by law (e.g., child abuse, harm to self or others).

The results of this study may be published or presented at an academic conference or meeting, but the data will be presented so that it will not be possible to identify any participants unless you give your express consent.

We will remove all identifying information from the study data as soon as possible, which will be after … (as appropriate). While it is ethically preferable to fully de-identify personal data, describe the use of any planned code or pseudonym used that can link to identifiers? For example:

You will be assigned a code [or pseudonym] so that your identity will not be directly associated with the data you have provided. All data, including coded information, will be will be kept in a password-protected [or encrypted] file on a secure computer.

*[For SONA studies]* Because you will be granted course credit for taking part in the study, identifying information will be retained using a code until the course credit is granted.

*When potentially identifiable data will be stored on any server:* Your data will be stored and protected by [Organization], in a server located in [Country], but may be disclosed via a court order or data breach.

*For Zoom servers, please note that the researcher can store audio/video recordings a) in the Zoom Cloud or b) locally on their personal computer. CUREB suggests that the researcher store the recordings locally on their personal computer and include the following Zoom disclaimer in their consent form for the study:* "In-session” data, such as the audio, video and chat transcript from the interview, will be stored locally on the researcher’s computer. Operation data, such as meeting and performance data, will be stored and protected by Zoom on servers located in [the country as identified by Zoom], but may be disclosed via a court order or data breach. (Note: The researcher may need to contact the company to learn the server location).

We will encrypt [or password protect] any research data that we store or transfer.

# Data Retention

*It is acceptable for researchers to destroy data after a period of time.  However, it would also generally be acceptable to retain potentially valuable data so long as it is anonymized and securely stored.  Please note that some journals, as a condition of publication, will require that you make data publicly available indefinitely to allow other researchers to replicate studies or use the anonymized data to facilitate other potentially valuable research. For example:*

After the study is completed, your de-identified data will be retained for future research use.

Or

Your de-identified data will be retained for a period of \*\* years and then securely destroyed.

*If it is necessary that some or all of the data retained will continue to contain identifiers, briefly justify and describe how the security of data storage will provide adequate safeguards for the risks associated with data breach.*

*If photographs, videos or audio recordings are to be used, describe whether they will identify the participant and ask for consent – see below.*

# New information during the study

In the event that any changes could affect your decision to continue participating in this study, you will be promptly informed.

# Ethics review

This project was reviewed and cleared by the Carleton University Research Ethics Board [A or B]. If you have any ethical concerns with the study, please contact Carleton University Research Ethics Board, preferably by email at ethics@carleton.ca or you can leave a message by phone at 613-520-2600 ext. 2517.

# Statement of consent – print and sign name

I voluntarily agree to participate in this study. \_\_\_Yes \_\_\_No

I agree to be (audio/video recorded/photographed …) \_\_\_Yes \_\_\_No

(Note: Please explain if recordings are optional to participation)

(If applicable)I agree to be contacted for follow up research \_\_\_Yes \_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant (or parent/guardian) Date

**Research team member who interacted with the participant**

I have explained the study to the participant and answered any and all of their questions. The participant appeared to understand and agree. I provided a copy of the consent form to the participant for their reference.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of researcher Date