**Research Consent Form Script for Oral Consent**

***Please replace or delete the instructional text in red font before submitting to CUREB A/B. Arrange to give or send a copy of the text of this Consent Form Script to participants.***

**Text in blue is sample wording that is acceptable to CUREB. However, make sure to delete or alter the wording to accurately reflect your research plan, or to include any additional needed information. All information supplied must be true and reasonably complete.**

# Hello, my name is (insert name) and I am a \*\* in the Department/School/Faculty of \*\* at Carleton University. I am working under the supervision of Prof. \*\*.

# I would like to invite you to participate in a study titled *(insert title*). This study aims to *(briefly describe project goals)*. The study is sponsored/funded by \*\*.

The study involves (e.g. an interview/focus group) about *… (describe briefly the subject matter)*. With your consent the interview/focus group will be audio [or video]-recorded, and once transcribed, the recording will be destroyed (or retained for \*\* months/years, or indefinitely for future research).

*If relevant and desired.* Interviews will be audio-recorded and transcribed to ensure accuracy. If you do not wish to be recorded, then you should not agree to participate in this study.

We estimate that the survey/interview will take about \*\* minutes to complete. Your participation in this survey is voluntary, and you may choose not to take part, or not to answer any of the questions. If you decide to withdraw after the interview/focus group, your responses will be removed if you notify the researcher *(set a time limit, e.g., within x weeks/months after the interview).*

*Describe any risks, inconveniences and/or benefits that the participant may experience.*

*For example:*

We do not anticipate any risks from taking the survey, nor do we anticipate that you will derive any benefit.

*Or*

You may find some of the questions to be sensitive and to cause you distress. If you do feel distress as a result of answering any of these questions, we invite you to contact \*\*for counselling services.

*Or*

As this project will ask about \*\*, there are some potential professional risks to you if your statements are critical of \*\*.

*If there are obviously no risks at all, it is permissible to leave out this section, although this decision must be justified in the protocol form.*

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. However, research records identifying you may be inspected by *(Insert any reasonably foreseeable disclosure obligations)* … and by the Carleton University Research Ethics Board for the purpose of monitoring the research*.* The results of this study may be published, but the data will be presented so that it will not be possible to identify any participants. All research data will be encrypted [or password-protected] and any hard copies of data will be kept in a locked cabinet at Carleton University.

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, or by legally valid subpoena or other court order).

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 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.

*(If a focus group or other group interview)* Everyone will be asked to respect the privacy of the other group members and asked not to disclose anything said within the context of the discussion. However, it is important to understand that other people in the group with you may not keep all information private and confidential.

*When potentially identifiable data will be stored on any server (e.g., Qualtrics):* Your data will be stored and protected by [ORGANIZATION] in [LOCATION], 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 geographic location relevant to you 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.

*It is acceptable for researchers to destroy data after a period of time.  However, in the view of the REB, it would also generally be acceptable to retain potentially valuable data so long as it is properly stored and anonymized.  Please note that some journals, as a condition of publication, will insist 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, we will retain your non-identifiable data 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 should continue to contain identifiers, briefly justify, here and in the CUREB Form, and describe how the security of data storage will provide adequate safeguards for the risks associated with data breach.*

# 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.

You can also reach me at (phone #) or email me at (email address). You may contact my supervisor at *(email address)* or *(phone #).*

# Statement of consent

Do you have any questions about this study or need any clarification?

Do you voluntarily agree to participate in the study? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Do you agree to be (audio/video recorded/photographed)? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

(Note: Additional consent is only required if recordings are optional. If recordings are required for participation, then only a single statement to that effect is required, as suggested above)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name/Pseudonym/Initials (as appropriate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 information to the participant for their reference.

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

Signature of researcher Date