**Research Consent Text for Survey (online or paper)**

***Please replace or delete the instructional text in red font before submitting to the REB. If possible, arrange to give or send a copy of the Consent Form to participants, or for online studies, give participants the option to print a copy. Once completed, all information in the Form must be true and reasonably complete.***

**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. All information supplied must be true and reasonably complete.**

# Name and Contact Information of Researchers: *(Provide Carleton email address / phone number)*

 *Name, Carleton University, Department/School/Faculty of \*\*\**

 Tel.: \*\*

 Email: \*\*

 Supervisor and Contact Information: *(if any)*

# Project Title

 *Study Title*

# Project Sponsor and Funder (if any)

 *Study Sponsor*

# Carleton University Project Clearance

 Clearance #: \*\* *(this is the 6-digit # assigned to your study*) Date of Clearance: \*\*

# Invitation

We are asking you to complete this survey because you are … This survey is being conducted by *(Name)* of the Carleton University *Department/School/Faculty of… (Email, ph. #)* working under the supervision of Prof. \*\* (email, ph. #). The study is sponsored/funded by \*\*.

**Objectives and Summary:**

The aim of this study is to better understand*…(Brief description of study goals).*

We estimate that the survey 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 you submit the survey, we will remove your responses from survey data if you notify the researcher within \*\*\* days/months [or by (date)]. We expect to survey a total of \*\*\* people.

**Risks and Benefits:**

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

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 of a sensitive nature and may cause you distress or embarrassment if disclosed. If you do feel distress from 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.*

**Confidentiality and Data Storage:**

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, but the data will be presented so that it will not be possible to identify you, unless you give consent. 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.

*[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], on servers located 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 anonymized data for future research use.

**OR** Your 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.*

**REB Review and Contact Information:**

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.

**Implied consent:**

*[For paper surveys:]* By completing and returning the survey, you agree to participate in the study.

*[For online surveys:]* By completing the online survey, you are agreeing to participate in the study.

**Direct Consent:**

*[For paper surveys, a signature box may be included:]*

I voluntarily agree to participate in this study.

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

Signature of participant Date

*[For online surveys:]*

I voluntarily agree to participate in this study.

* Yes
* No