
Consent to Participate in a Research Study (Template)

STUDY TITLE:

REB PROTOCOL #:

LEAD RESEARCHER/FACULTY RESEARCH SUPERVISOR:

CONTACT INFORMATION:

RESEARCH FUNDER/SPONSOR (IF APPLICABLE):

Please read this consent agreement carefully before you decide to participate in the study.

We invite you to participate in the research study named above conducted by researchers from New Brunswick Community College.

To protect your safety, rights, and wellbeing, this research was reviewed by NBCC Research Ethics Board representatives.

Before deciding whether or not to volunteer, it is important that you understand the study's purpose, what is expected of you, and how it may affect you, including any risks. This process is called informed consent.

- Your participation is entirely voluntary.
- You may withdraw from the study at any time without penalty.
- If the study is changed in any way that could affect your willingness to participate, you will be told about the changes and may be asked to sign a new consent agreement.
- You have not waived any rights to legal recourse in the event of research-related harm.

The purpose of this study is to _____.

It involves participants _____.

(Describe study design, procedures, and participant responsibilities.)

- *Be specific; provide an accurate description of what the participants will do.*
- *Include a brief statement about the data you will collect from participants.*
- *If you will photograph or record audio or video of participants, provide details in this section.*
- *If your study involves an interview or a survey, inform participants that they can skip any question that makes them uncomfortable, and they can stop the interview/survey at any time.*
- *If your study involves deception, please give as much information as possible without using statements that are part of an experimental deception.)*

The study will require about ____ of your time.

(If the study includes multiple sessions, describe the amount of time that is required for each task, session, experiment and the total time for all sessions.)

We appreciate you participating in this study. Although there are no direct benefits to you for participating in this research study, we expect that the study may help us understand _____.

(Do not overstate the benefits or include payment or credit in the benefits section.)

There are *(no/some)* anticipated risks in this study.

(If applicable, include all possible physical, psychological, professional, or personal risks and/or hazards for the participants in this section. It is important to not conceal risks from participants, but also to not overstate potential risks.)

The *(researcher/research team)* will only collect and use information needed to conduct the study.

The members of the research team who will have access to information collected about the identity of participants include: _____

No information that discloses your identity will be released or published without consent, unless required by law (e.g., if a researcher were to learn of children in need of protection, the researcher would be required to disclose this to authorities). Your name will not appear in any report or article published as a result of this study *(if applicable: unless a waiver of confidentiality is signed by the participant.)*

(Delete or adjust sample statements below re: confidentiality and data protection, as applicable)

1)

Data linked with identifying information:

The information you provide for the study will be handled confidentially. Data linked to you will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. *(If you are using audio, video, or photographic recordings in the study, describe when those materials will be destroyed).*

2)

Anonymous data:

The information that you give in the study will be handled confidentially. Your data will be anonymous, which means that your name will not be collected or linked to the data. *(If it is possible for research team members to deduce the participant's identity, state the following: While it may be possible to deduce your identity due to the nature of the data, there will be no attempt to do so, and your data will be reported in a way that will not identify you.*

3)

(In some cases, it may not be possible to guarantee confidentiality (e.g., an interview of a prominent person, a focus group interview). Please include one of the following passages if you cannot guarantee confidentiality).

Confidentiality cannot be guaranteed: Because of the nature of the data, the researchers cannot guarantee your data will be confidential and it may be possible that others will know what you have reported.

OR

We ask that all participants keep focus-group discussions confidential and do not discuss other participants' comments outside of the meeting. Because your identity might be known to other focus group participants, and researchers cannot guarantee that co-participants will respect this request, confidentiality cannot be guaranteed.

(Please note that in some cases if confidentiality cannot be guaranteed, it may be a risk to the participant and should be explained in the "Risks" section as well.)

You will receive no payment for participating in the study. *(OR if payment or credit is being offered, describe it here. If the payment involves a lottery or drawing, describe the odds of winning the payment. If you are offering class credit to participants from a participant pool, please use the specific term: "class participation credit.")*

If you decide to withdraw from the study, there is no penalty for withdrawing.

(Explain how to withdraw from the study, such as "tell the researcher and leave the room" or "tell the interviewer to stop the interview.")

(If payment or course credit is being offered, include the following phrase):

You will still receive full payment (or credit) for the study. Payment can be pro-rated if there are multiple sessions. If you would like to withdraw after your materials have been submitted, please contact...)

(If deception is included in the study, let the participant know that they will be debriefed if they withdraw from the study and that their data will be destroyed.)

The information collected up to that time will continue to be used by the research team. *(Or, if there are points at which it is possible to remove their contributions from the dataset, explain the procedure.)*

If you are interested in obtaining the results of the study, contact the Lead Researcher. *(Describe any known methods through which the research results will be communicated).*

(If the research findings might be "commercialized"/used to gain financial benefits): The researchers may use the research findings _____. *Explain the nature of any potential commercial applications (e.g., "in commercial product development", "to develop marketing plans for...").*

(If applicable) The NBCC Research Ethics Board is aware of a potential conflict of interest in this study due to _____. *(Describe any real/potential/perceived conflict of interest between the researchers/students/institution/research sponsor etc.)*

This conflict is being addressed by _____. *(Describe mitigation strategies adopted to limit the impacts of the conflict.)*

You are encouraged to ask questions at any time during the study. If you have general questions or concerns about your participation you would like to discuss with someone not involved in the study, you may contact NBCC's Manager of Applied Research Services at (506) 378-8253 or REB@nbcc.ca.

PARTICIPANT'S QUESTIONS:

Has this study been explained to you?	Yes	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss the study?	Yes	<input type="checkbox"/>
Are you comfortable with the information that has been provided?	Yes	<input type="checkbox"/>
Do you understand that you are free to withdraw from this study?	Yes	<input type="checkbox"/>
Do you understand that you will receive a signed copy of this consent?	Yes	<input type="checkbox"/>
<i>(Do you agree to maintain confidentiality of information shared in this focus group?) (Yes)</i> <input type="checkbox"/>		

PARTICIPANT’S STATEMENT

I have read the above information and understand the purpose of the research as well as the potential benefits and risks of participation in the study. I have had the opportunity to ask questions, and all my questions have been answered. By signing this consent form, I agree that information gathered may be used as described above. I hereby give my informed consent to be a participant in this study.

_____	_____	_____
Printed Name of Participant	Signature of Participant	Date
_____	_____	_____

(Authorized Guardian or Representative) (Signature of Authorized Guardian or Representative) (Date)

INVESTIGATOR’S/DELEGATE’S STATEMENT		
I have explained to the above participant the nature, requirements and the purpose of the study, potential benefits, and possible risks associated with participation in this study. I have answered any questions that have been raised. I believe that the participant understands the implications and the voluntary nature of the study.		
_____	_____	_____
Lead Researcher/Delegate (Print)	Signature	Date