

CONSENT FORM

APPENDIX 1: SAMPLE CONSENT FORM TO PARTICIPATE IN RESEARCH

Consent must be obtained from any study participant. Written consent forms must follow the format of this template, including the “I understand” format, (exceptions may be given to multi-institutional projects). Oral consent scripts should include the same information. Please adapt this template to suit your project. Language should be at no more than a grade eight reading level. If you are using written consent forms, note that participants should be given two copies of the consent form – one to keep, and one to sign and return to the researcher.

CONSENT TO PARTICIPATE IN (*RESEARCH PROJECT TITLE*)

I understand that I have been asked to participate in a research project being conducted by (*Name of Researcher*) of (*Name of Department*) of Concordia University (*contact info including phone and e-mail*). Student investigators shall add; under the supervision of (*Name of Faculty supervisor*) of (*Name of Department*) of Concordia University (*contact info including phone and e-mail*).

A. PURPOSE

I have been informed that the purpose of the research is as follows ... (*Please state the purpose of the research clearly and concisely, in no more than one or two sentences*).

B. PROCEDURES

In consistent, “I understand” format, please indicate in this section where the research will be conducted and describe in non-technical terms what the participants will be asked to do, the time required to do it, and any special safeguards being taken to protect the confidentiality or well being of the participants.

C. RISKS AND BENEFITS

In consistent, “I understand” format, please indicate in this section all potential risks of participation, and any benefits of participation.

D. CONDITIONS OF PARTICIPATION

- I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences.
- I understand that my participation in this study is (*pick appropriate word*):

CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity)

OR

NON-CONFIDENTIAL (i.e., my identity will be revealed in study results)

CONSENT FORM

- I understand that the data from this study may be published.

OR

I understand that the data from this study will not be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT.
I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____
SIGNATURE _____

If at any time you have questions about the proposed research, please contact the study's Principal Investigator: *Indicate in this section the name, Department and contact information for the Principal Investigator. Student investigators shall add; or (Name of Faculty supervisor) of (Name of Department) of Concordia University (contact info including phone and e-mail).*

If at any time you have questions about your rights as a research participant, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.