This document is a template for creating an Informed Consent form. Text that appears in italics is instructional. Please delete all italicized text, including these paragraphs, when writing your consent form.

Please supply the requested information under the bolded headings. Use language that understandable by a lay audience. Add pertinent details of your study, and write the consent form in second person.

Do not *alter the statements in this template as* regular type.

Name of Research, School, Department, Telephone, and Email:
(*Insert names and titles for the researcher and all co-researchers)*

Supervisor:
(For student researchers, provide the supervisor's name and department. Otherwise delete.)

Title of the Project:
(*Write the title of the project here.)*

***Sponsor*:**
(*If the project is funded, include the source of the funding here.)*

Researcher to Supply the Following (include the headings below in your consent form)

Purpose of the Study:

Describe the purpose of the study and explain to the participant how she/he was chosen for possible participation. If applicable, invite the person to participate.

What will I be asked to do?

Describe to the participant exactly what they will be expected to do. State or approximate how much time participation will take. Include details about the number of questionnaires or interviews or other requirements for their participation. If there is to be follow-up, indicate what the follow-up will be and when and how they will be contacted.

Explain voluntary participation and right to withdraw. Indicate that the person's participation is voluntary and that they may choose to not participate at all, only participate in part of the study, or may withdraw from the study at any time without penalty or loss of the benefit to which he/she is otherwise entitled (e.g., payment for participation).

For Example:
"You'll be asked to sign this informed consent form. Informed consent is an ongoing process, which means that at any time you may revoke your consent and withdraw from the study, without consequence. If you wish to withdraw from the study, your information will be removed from the

results upon your request. If you are a NAIT student, withdrawal from the study will not affect your academic status or access to services at NAIT. Please contact one of the researchers if you wish to withdraw."

What type of personal information will be collected?

If no personal identifying information is to be collected (e.g. names, social insurance numbers, student ID numbers, etc.), and the participant remains anonymous, use the following statement:

"No personal identifying information will be collected in this study, and all participants shall remain anonymous."

If information such as gender, age, ethnicity, educational level, etc., is collected, provide a description of the type of information you will be collecting. For example, "Should you agree to participate, you will be asked to provide your gender, age and academic major."

If applicable, you may add: "Any personal information gathered for the research project, will be protected and used in compliance with Alberta's Freedom of Information and Protection of Privacy Act".

If applicable to the research, describe options available to the participant. To do so, it may be useful to create "check boxes" to help enumerate a participant's choices. For example, you might instruct the participant:

"There are several options for you to consider if you decide to take part in this research. You can choose all, some or none of them. Please put a check mark on the corresponding line(s) that grants me your permission to:"

I grant permission to be audio taped: *Yes: ___ No: ___*

I grant permission to be videotaped: *Yes: ___ No: ___*

I grant permission to have my company's name used: *Yes: ___ No: ___*

I wish to remain anonymous: *Yes: ___ No: ___*

I wish to remain anonymous, but you may refer to me by a pseudonym: *Yes: ___ No: ___*

The pseudonym I choose for myself is: _____

You may quote me and use my name: *Yes: ___ No: ___*

Are there Risks or Benefits if I participate?

List reasonably foreseeable risks, harms, or inconveniences to the participant. If the research necessitates the provision of rescue mechanisms, advise the participant what these are, how to access the support, and whether there is any cost to the individual.

If the research has the potential to reveal information that is required by law to be revealed to a law enforcement or other agency (e.g.: child abuse), inform your participant of your legal

obligations.

If the research constitutes a minimal risk, which means it does not involve any risk beyond what the participant normally does at work, you could use the following:
"Participation in this research study poses minimal risk for research participants. This means that the potential harm you may encounter through participation in this study is no greater than the possible harm you might encounter in any other aspect of your everyday life."

If the person will be paid to take part, describe that payment. If they will incur any costs, describe these.

What happens to the information I provide?

Explain who will have access to the information collected.
State how the participant's contribution will be treated. For example, will pseudonyms or some other means of ensuring anonymity be used? Explain any limitations to the anonymity / confidentiality that you can offer.
Tell the participant what will happen to their information if s/he decides to withdraw.

For example
"Participation is completely voluntary, anonymous and confidential. You are free to discontinue participation at any time during the study. No one except the researcher and her supervisor will be allowed to see or hear any of the answers to the questionnaire or the interview tape. There are no names on the questionnaire. Only group information will be summarized for any presentation or publication of results. The questionnaires are kept in a locked cabinet only accessible by the researcher and her supervisor. The anonymous data will be stored on a password protected computer at NAIT for three years at which time it will be permanently erased."

If applicable, provide the following information:

Commercialization
Provide any information concerning the possibility of commercialization of research findings

Conflict of Interest
Describe the presence of any real, potential or perceived conflict of interest on the part of the researchers, their institutions or the research sponsors.

Stopping Rules
If your study involves a clinical trial, please provide information on stopping rules and when researchers may remove participants from trial.

If you would like to receive a summary of the data from this study, please provide your email

address here: _____

Signatures (written consent)

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) _____

Participant's Signature _____Date: _____

Researcher's Name: (please print) _____

Researcher's Signature: _____Date: _____

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact the researcher listed at the top of this letter.

If you have any concerns about the way you've been treated as a participant, please contact the Research Ethics Board Chair, Dr. Melissa Dobson, NAIT at (780) 378-5185; email: mdobson@nait.ca.

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.