**Instructions:** This template is intended to provide an overview of the basic content required and a sample lay-out for a point form version of a consent form. **Please adapt the content and language of the form for your study and ensure that it is appropriate for your participants (e.g., children).** This template outlines the minimum information that must be included; please consult the consent form guidelines for additional information. Also, please ensure that there is consistency between the content of your ethics application and your Consent Form.

*Point-form Consent Form Template*

|  |  |
| --- | --- |
| [Your department letterhead] | *Participant Consent Form*  |

**Project Title:**

**Researcher(s):** [YOUR NAME, POSITION (Faculty, Graduate or Undergraduate Student, Post Doc, Staff), DEPARTMENT, UNIVERSITY, PHONE, EMAIL]

**Supervisor:** [SUPERVISOR’S NAME, DEPARTMENT, PHONE NUMBER, EMAIL]

*[IF APPLICABLE]:* List co-Investigator(s), Research Assistants individually: NAME(S), DEPARTMENT, INSTITUTION, PHONE, EMAIL.

**Purpose(s) and Objective(s) of the Research:**

The primary purpose of the research is to train the student researcher in the methods of behavioural research. ***[Then state the specific purpose of your study.]***

**Procedures:** (See consent guidelines section 4)

* ***[Describe exactly what the participant is required to do and where?]*** The study should take approximately ***[specify time]*** minutes of your time.
* Please feel free to ask any questions regarding the procedures and goals of the study or your role.

**Funded by:** *[IF APPLICABLE]* (see consent guidelines section 5)

**Potential Risks:** (see guidelines section 6)

* There are no known or anticipated risks to you by participating in this research **or [**E.G., EMOTIONAL, SOCIAL, PSYCHOLOGICAL, PHYSICAL, ECONOMIC, ETC.]

**Risk(s) will be addressed by** [EXPLAIN; include referrals for counseling and other services; e.g., If any part of your participation in this study has made you feel uncomfortable, distressed, or upset, we encourage you to contact the University’s Student Counseling Centre (306) 966-4920), located in the 3rd floor of Place Riel Student Centre.]

* At the end of the study you will be given a sheet that better explains the nature of the study and you will be given a chance to ask any further questions that you might have.

**Potential Benefits:** *[IF APPLICABLE]* (see consent guidelines section 7)

* You may receive no personal benefits from participation in the study.

**Compensation:** *[IF APPLICABLE]* (see guidelines section 8)

* [Describe compensation]

**Confidentiality:** (see consent guidelines section 9)

* Your data will be kept completely confidential and no personally identifying information will be linked to your data. Data will be coded using arbitrary participant numbers that will not be associated with any names or personally identifying information. Consent forms will not be linked with the data. All data will be summarized in aggregate form. [Describe procedures to safeguard confidentiality and anonymity of responses; or explain limits to anonymity or justify why anonymity is not required].
* Please indicate that if participants contact the researchers by email or by other means that provides identifying information then anonymity is lost but confidentiality of the participant will remain protected.
* **Storage of Data: [***If data will be anonymous, this section may be omitted*]
* The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor. Normally, the data will be destroyed once the course has been completed. In instances where the data is published in an academic journal and/or presented at a professional conference, the data will be stored for a minimum of five years after completion of the study**.** When the data is no longer required, it will be destroyed beyond recovery.

**Right to Withdraw:** (see consent guidelines section 10)

* Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort. ***[if using the Psy 110 Participant Pool also add…and without loss of research credit for the session]***
* [If applicable] Whether you choose to participate or not will have no effect on your position [e.g. employment, class standing, access to services] or how you will be treated.
* Should you wish to withdraw, any data that you have contributed will be destroyed beyond recovery.
* Your right to withdraw data from the study will apply until \_\_\_\_ (results have been disseminated, data has been pooled, etc.). After this date, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

**Follow up:** (see section 11)

* To obtain results from the study, please [Indicate how participants may find out about the results or provide a location for general results]

**Questions or Concerns:** (see section 12)

* Contact the researcher(s) using the information at the top of page 1;
* This research project has been approved on ethical grounds by the Department of Psychology Research Ethics Committee on ***[date of approval]***. Any questions regarding your rights as a participant may be addressed to the Behavioural Research Ethics board through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (866) 966-2975.

**Consent** [SELECT APPROPRIATE OPTION(S) FROM BELOW]**:** (see section 15)

**Continued or On-going Consent:** *[IF APPLICABLE]:*

* [Explain how you will handle ongoing consent when the research involves follow-up interviews, occurs over multiple occasions or an extended period of time].

Option 1 - SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Name of Participant* |  | *Signature* |  | *Date* |

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

*Researcher’s Signature Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

Option 2 - IMPLIED CONSENT FOR SURVEYS

By completing and submitting the questionnaire, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and indicates that you understand the above conditions of participation in this study.

Option 3 - ORAL CONSENT

Oral Consent: If on the other hand the consent has been obtained orally, this should be recorded. For example, the Consent Form dated, and signed by the researcher(s) indicating that “I read and explained this Consent Form to the participant before receiving the participant’s consent, and the participant had knowledge of its contents and appeared to understand it.” In addition, consent may be audio or videotaped.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Name of Participant* |  | *Researcher’s Signature* |  | *Date* |

Option 4 - FOR VISUAL DATA In cases where visual data is being sought option 4 should be used to supplement one of the aforementioned consent options.

**Visually Recorded Images/Data**: Participant or parent/guardian to provide initials:

* Photos may be taken of me [my child] for:Analysis \_\_\_\_\_\_\_ Dissemination\* \_\_\_\_\_\_\_\_
* Videos may be taken of me [my child] for:Analysis \_\_\_\_\_\_\_ Dissemination\* \_\_\_\_\_\_\_\_\_

\*Even if no names are used, you [or your child] may be recognizable if visual images are shown as part of the results.