***For instructions on how to fill out each section of this document see:*** [***Informed Consent Guidelines***](https://lauriercloud.sharepoint.com/sites/office-of-research-services/research-ethics-compliance/research-involving-humans/Pages/informed-consent-guidelines.aspx)

WILFRID LAURIER UNIVERSITY INFORMED CONSENT STATEMENT

Title of Project

Principal Investigator (*including affiliation to Laurier*):

Co-Investigator(s), and faculty advisor(s)/supervisor(s) (*including affiliation to Laurier*):

Client or sponsor (*if applicable*):

You are invited to participate in a research study. The purpose of this study is *describe purpose of research* . The researcher(s) *is/are* a Laurier *undergraduate/graduate student(s)* in the *faculty/department/program/area* working under the supervision of *insert supervisor's name* .

## Information

Participants will be asked to *insert description of procedures*. The study will take about *insert number* *minutes/hours* to complete. Data from approximately *insert number* research participants *insert brief description of participants* () will be collected for this study.

*If applicable*:

* Although the goals of the study cannot be fully explained at this point, participants will receive a debriefing with more information after completing the study.
* As a part of this study you will be *audio-recorded/videotaped/photographed*  for *research purposes/research and instruction purposes/insert other purposes*. You have the right to refuse being *taped/photographed*. Only *insert names of research team* will have access to these recordings and information will be kept confidential. You will/will not be able to preview these tapes/films/photos. The tapes/films will be transcribed by *insert date*.
* The *tapes/films/photos*  will be deleted following transcription. OR The *tapes/films/photos* will not be used for any additional purposes without your additional permission.
* In order to participate in this study you will need to pay for *transportation/parking*  *to/from/at* the research site. You *will/will not*  be reimbursed for these costs.

## Risks

As a result of your participation in this study you may experience *insert description of risks/discomforts*. The following safeguards will be used to minimize any  *risks/discomforts* *insert description of safeguards*.

You are free to discontinue the study at any time and to choose not to respond to any question *[if applicable]* *without loss of compensation.*

*If applicable:*

* The treatment/procedure may involve currently unforeseeable risks to the participant.

## Benefits

Participants may benefit from the participation in this research project by *insert benefits*. The research will contribute to the body of literature/knowledge on *insert body of literature/knowledge*.

## Confidentiality

The confidentiality/anonymity of your data will be ensured by *insert methods followed to ensure confidentiality* . The data will be stored in a locked office /on a password protected computer/ on a password-protected recording device located at *insert location*.

*If applicable:*

* Confidentiality may be broken when *describe professional code of conduct or law that would require breach of confidentiality*
* The de-identified data will be kept for *insert number* years and will then be destroyed by the principal investigator.
* Identifying information will be stored separately from the data and will be kept for *insert number* years and will then be destroyed by the principal investigator.
* The *de-identified/anonymized/anonymous* data will be stored indefinitely and may be reanalyzed in the future as part of a separate project (i.e., secondary data analysis).
* While in transmission on the internet, the confidentiality of data cannot be guaranteed.
* The privacy and confidentiality of information submitted through SurveyMonkey cannot be guaranteed.  Laurier is not able to restrict access to, or use of data by SurveyMonkey. Participation in this survey is voluntary.
* Only aggregate results will be published/presented.
* If you consent, quotations will be used in write-ups/presentations and will/will not contain information that allows you to be identified. You will be able to vet your quotations by *insert quotation vetting process*.

## Compensation

For participating in this study you will receive *insert compensation type/amount*. If you withdraw from the study prior to its completion, you will still receive this amount.

*If applicable:*

* Any compensation received related to the participation in this research study is taxable. It is the participant’s responsibility to report the amount received for income tax purposes and Wilfrid Laurier University will not issue a tax receipt for the amount received.
* Other ways to earn the same amount of course credit are *describe other ways to earn course credit*.
* All participants who complete the survey/interview will be entered into a draw to receive *insert compensation type/amount*. The odds of winning are *insert odds of winning*. Winner(s) will be determined by *insert method for determining winners* and the winner(s) will be notified by *insert date and method of notification*.

## Contact

If you have questions at any time about the study or the procedures or you experience adverse effects as a result of participating in this study you may contact the researcher, *insert name*, at *\_\_\_@wlu.ca/\_\_\_@mylaurier.ca* or *519-884-0710 x \_\_\_\_*

This project has been reviewed and approved by the University Research Ethics Board (REB# *insert REB project number*), which receives funding from the [Research Support Fund](http://www.rsf-fsr.gc.ca/home-accueil-eng.aspx). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 3131 or [REBChair@wlu.ca](mailto:REBChair@wlu.ca).

## Participation

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. You have the right to refuse to answer any question or participate in any activity you choose.

If you withdraw from the study, you can request to have your data removed/destroyed *by insert process for requesting data removal/destruction* until *insert date*.

*OR*

Due to the anonymity of the data if you withdraw from the study it is not possible to have your data removed/destroyed.

*If applicable:*

* The principal investigator may terminate the participant’s participation without regard to the participant’s consent if *describe participation termination procedure*.

## Feedback and Publication

The results of this research might be published/presented in a thesis, course project report, book, journal article, conference presentation, class presentation.

*If applicable:*

* As this project is being conducted on behalf of *insert agency/company/client*  they will receive a report upon completion of the project.
* Only aggregate findings and no individual responses will be reported.
* The results of this research may be made available through Open Access resources.
* An executive summary of the findings from this study will be available by *insert date*.
* You can request the executive summary by e-mailing *insert e-mail contact of researcher*. OR If you choose to provide your e-mail address for this purpose at the end of the study, the executive summary will be e-mailed to you by *insert date*.

## Consent

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Online Studies:*

It is advised that you print or save this consent form and/or record the researcher contact information in the case that you have any questions or concerns.

I have read and understand the above information. I agree to participate in this study. (selecting this option will open the questionnaire)

I have read and understand the above information. I do not want to participate in this study. (selecting this option will return you to your browser)

*If applicable include additional signature lines (e.g., for the use of quotations, videotaping, audio-recording, photographing)*