**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:**

* [Describe]
* [Include the use of data here, for example publishing, presentations, thesis etc. It is best to be broad, and cover all of your bases so that there is no need to seek consent again if there are changes.]

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

* [Describe procedures, research activities, method of recording participant, location, time commitments]
* Please feel free to ask any questions regarding the procedures and goals of the study or your role.

**Funded by:** *[IF APPLICABLE include name of funder and program]* (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]:
* Describe any debriefing procedures that will take place (include referrals for counseling and other services)
* If appropriate, describe the circumstances under which you would terminate someone’s participation in the study

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

* [State the benefits of this research, as applicable: to participants; to society; to the state of knowledge].

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

* [Describe compensation]

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

* [Describe procedures to safeguard confidentiality and anonymity of responses; or explain limits to anonymity or justify why anonymity is not required].
* [Explain how confidentiality will be protected (i.e., storage and access; or justify limits to or waiving of confidentiality – *see below for explicit permission to use participant’s name*].
* **Storage of Data: [***If data will be anonymous, this section may be omitted*]
  + [Describe how the data will be stored, with whom and how long]
  + [When the data no longer required, the data will be destroyed]

**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 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, [Describe conditions under which they may withdraw and what will happen to their data].
* Please include the following right to withdraw statement to explain the point at which data withdraw may no longer be feasible. A statement similar to the following would be appropriate: “Your right to withdraw data from the study will apply until \_\_\_\_ (date at which results have been disseminated, data has been pooled, de identified etc.). After this date, it is possible that some results have been analyzed, de identified, written up and/or presented 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 (eg. website) for general results]

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

* Contact the researcher(s) using the information at the top of page 1;
* This project has been approved on ethical grounds by the University of Regina Research Ethics Board on (insert date). Any questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or [research.ethics@uregina.ca](mailto:research.ethics@uregina.ca)). Out of town participants may call collect.

**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.