**Informed Consent Form Template**

**[Note: Items in red are for instructions only and must be deleted before use.]**

**Date**:

**Study Name**:

**Researcher name**:

* Include your name, program, study level (Master’s or doctoral), and institution (York University). Indicate that you are the Principal Investigator.
* Include your contact details, including email address and/or office phone number. Do not use a personal phone number or home address.

**Purpose of the Research:**

* Include a statement about the purpose of the research in plain language that will be accessible to your research subject.
* Include a statement indicating how the research will be conducted (i.e., your methodology), presented and reported (e.g., class presentation, thesis or dissertation, article, conference presentation, report, etc.).

**What You Will Be Asked to Do in the Research**:

* Include a statement regarding the role and/or responsibilities of the research participants.
* If participants are asked to be involved in more than one data collection method (e.g., an interview and survey), list each method of participation.
* Include a statement regarding the estimated time commitment for the participant.
* If inducements will be offered, indicate them here.

**Risks and Discomforts**:

* Provide a description of any real or perceived risks (physical, emotional, economic, social) or potential discomfort that may result from participation in the research.
* If there is a possibility of harm or discomfort it **must** be described and the mitigation methods **must** be indicated.
* If there are no foreseeable and/or known risks then the following statement should be included: We do not foresee any risks or discomfort from your participation in the research.

**Benefits of the Research and Benefits to You**:

* Include a statement regarding any benefits of the research as well as benefits to the research participants.

**Voluntary Participation and Withdrawal**: [Include this statement] Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researchers or study staff, or the nature of your relationship with York University either now, or in the future.

[If you are offering inducements, include the following] If you decide to stop participating, you may withdraw without penalty, financial or otherwise, and you will still receive the promised inducement.

In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible. [If applicable, include the following] Should you wish to withdraw after the study, you will have the option to also withdraw your data up until the analysis is complete.

**Confidentiality**:

* What are your methods of documentation?
* How will data (electronic and hard copy) be securely stored?
* How long will data be stored? (provide date)
* Will data be destroyed? If so, how (electronic and hard copy)?
* If data will be archived, indicate brief rationale and details of future use
* [Include the following text:] Unless you choose otherwise, [indicate if the interviewing or recording of the participant will be associated with identifying information] all information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research.
* [Indicate how the data will be collected, e.g., handwritten notes, video/audio tapes, digital device.] Your data will be safely stored in a locked facility [or indicate how the (electronic and hard copy) data will be securely stored] and only the researcher [or include any other research staff/research team members] will have access to this information.
* [Indicate how long the data will be stored and whether it will be destroyed after the study (and how) or will the data be archived (and if so, where). You must provide a definite time period such as “May 2027” (i.e., you may not indicate “x years after research is completed”).]
* [Include this statement] Confidentiality will be provided to the fullest extent possible by law.
* [If you intend to use the data for future research purposes, the following text should be included:] The data collected in this research project may be used – in an anonymized form - by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.
* [If you intend to make the data available to a data repository, describe the manner in which the data will be provided (anonymized; identifiable) and the name of the repository/repositories if or wherever possible.]
* [If you intend to use Online surveys: Note that online surveys (Qualtrix, Survey Monkey, etc.) may allow researchers to capture and access additional information about each respondent over and above what they provide in the online survey. In addition, when researchers use the internet to transmit or receive participant data, they should be aware that while in transmission, data may be subject to access by third parties as a result of various security legislation now in place in many countries. Therefore, when a researcher is using one of these online survey systems the following statement should be added to the consent form:] The researcher(s) acknowledge that the host of the online survey (e.g., Qualtrix, Survey Monkey, etc.) may automatically collect participant data without their knowledge (i.e., IP addresses). Although this information may be provided or made accessible to the researchers, it will not be used or saved without participant’s consent on the researchers system. Further, Because this project employs e-based collection techniques, data may be subject to access by third parties as a result of various security legislation now in place in many countries and thus *the confidentiality and privacy of data cannot be guaranteed during web-based transmission.*
* [If you intend to use a video/ audio conferencing software such as Zoom/ Webex/ Skype/ MsTeams: the following should be included:] This study will use the (INSERT PLATFORM NAME) to collect data, which is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers).   Further, while York University researchers will not collect or use IP addresses or other information which could link your participation to your computer or electronic devices without informing you, there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team. If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone.  Please contact the researcher for further information.
* Recordings (audio/video) will be saved in a password protected file to research team members’ local computer, not the cloud based service
* Please note that it is the expectation that participants agree not to make any unauthorized recordings of the content of a meeting / data collection session.

**Questions About the Research?** If you have questions about the research in general or about your role in the study, please feel free to contact me at <<insert your York University e-mail address>> or my supervisor, <<Insert name of supervisor>> at <<insert supervisor’s York University e-mail address>> and/or <<insert supervisor’s York University telephone number>>. You may also contact the Graduate Program in <<insert name of Graduate Program>> at <<insert Program e-mail address>> and/or <<insert Program telephone number>>.

This research has received ethics review and approval by the Delegated Ethics Review Committee, which is delegated authority to review research ethics protocols by the Human Participants Review Sub-Committee, York University’s Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail [ore@yorku.ca](mailto:ore@yorku.ca)).

**Legal Rights and Signatures**:

I <<fill in participant name here>>, consent to participate in <<insert study name here>> conducted by <<insert investigator name here>>. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

**Signature Date**

Participant

**Signature Date**

Principal Investigator

**Additional consent (where applicable)**

[You must seek additional consent by including check boxes or requesting additional signatures for the following if applicable.]

* [For audio recording, please include the following:]

1. **Audio recording**

* I consent to the audio-recording of my interview(s).
* [For video recording/authorize use of photographs, please include the following:]

1. **Video recording or use of photographs**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <<insert participants name>> consent to the use of images of me (including photographs, video and other moving images), my environment and property in the following ways (please check all that apply):

In academic articles  N  Y

In print, digital and slide form  N  Y

In academic presentations  N  Y

In media  N  Y

In thesis materials  N  Y

**Signature:** Date:

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

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you are offering the participants the option to waive anonymity, include the following:

1. **Consent to waive anonymity**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ <<insert participants name>>, consent to the use of my name in the publications arising from this research.

**Signature:** Date:

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

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_