**Informed Consent Form [TEMPLATE]:**

**Business ResEARCH EXPERIENCE POOL (BREP)**

**The Informed Consent Form should be:**

* Written in plain, clear language, avoiding the use of jargon and acronyms.
* Tailored to the reading level of the participants so that they can understand what is required of them and make an informed decision about their participation.
* Presented on Memorial University letterhead.
* Participants should be given a copy of their signed consent form.
* Another copy should be retained by the researcher.

This template outlines only the minimum information that should be included in the consent form. For additional information on what may be required, please consult:

a. **The “Application Guidelines” page:** <https://www.mun.ca/research/ethics/humans/icehr/application-guidelines.php>

b. **The “Documenting Informed Consent” page:**

<https://www.mun.ca/research/ethics/humans/icehr/informed-consent/>

The informed consent form template begins on the next page.

**Do not** include this instruction page with your consent form.

**Important:**

Directions for what to include in each section are written in ***italicized blue text.***

All *italicized blue* text should be replaced by your own project-specific information.

Highlighted text is specific to BREP participants and should be included (but remove the highlighting- this is to indicate key differences from the base consent form template).

**Do not include italicized blue template text in the consent form that you submit to ICEHR for review.**

**Informed Consent Form**

Title: *Title of research project*

Researcher(s): *Name(s), departmental and institutional affiliation(s), contact information*

Supervisor(s): *If applicable, include* the name*(s), departmental and institutional affiliation(s), and contact information for your supervisor(s).*

You are invited to take part in a research project entitled *“your project title here.”*

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this carefully and to understand the information given to you. Please contact the researcher, *your name here*, if you have any questions about the study or would like more information before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

**Introduction:**

*Begin with a statement of who you are (e.g. faculty, staff, master’s or doctoral student) and your school or departmental affiliation. If applicable, include the agency funding this project (e.g. SSHRC). Students’ state:* As part of my *(e.g. Masters / Honours / Doctoral thesis / dissertation)* I am conducting research under the supervision of Dr. *your* *supervisor’s name here*.

**Purpose of study:**

*In a paragraph, briefly describe the objectives and significance of the study.*

**What you will do in this study:**

*Explain clearly what you are asking participants to do so that they can make an informed decision as to whether or not they wish to participate.*

**Length of time:**

*Explain clearly, but briefly, the* ***total*** *time commitment required to participate (e.g. length of time required to complete an interview or survey; and/or the number and length of any experimental sessions).*

**Compensation (If not applicable, delete heading and section):**

*If incentives or honorariums will be given to participants, specify here.*

You will receive one credit point toward your Business course per hour of participation or part thereof, to a maximum of two credit points.

**Withdrawal from the study:**

*This section must address:*

* *How participants can stop and/or end their* ***participation*** *during the data collection (e.g. partway through an interview)**and* ***what will be done with any data*** *collected up to that point.*
* *How participants can request* ***removal of their data*** *after data collection has ended. Article 3.1(c) of the TCPS2 requires that if a participant withdraws consent, they can also request the removal of their data unless or until it is impossible or impracticable to do so. As such, include one of the following:*
* ***If data can be removed*** *from the study after participation has ended (e.g. by removing an interview transcript or survey containing identifying information), specify a* ***cut-off date or period of time*** *up to which removal of data is possible (e.g. prior to the data being aggregated or anonymized).*

-OR-

* ***Specify that data cannot be removed*** *and why (e.g. data will be anonymous).*

**Possible benefits:**

*Briefly describe any potential benefits to:*

1. ***Participants*** *that may result directly or indirectly from their participation in the study. Do not**include monetary incentives or honorariums.*
2. *The* ***scientific/scholarly community and/or society as a whole****.*

**Possible risks:**

*Explain any potential risks to participating in the study – physical, emotional, social, or financial, as identified in* ***Section 18*** *of the application, and how you will handle these risks. For example, indicate what you will do if a participant becomes upset, and include an appropriate resource (e.g. contact information for a local counselling service or crisis line).*

*Examples:*

*If participants are Memorial students: Memorial University’s Student Wellness and Counselling Centre (UC5000) -- (709) 864-8874*

*General (NL): Mental Health Crisis Line, 24 hour Toll Free -- 1-888-737-4668*

**Confidentiality:**

The ethical duty of confidentiality includes safeguarding participants’ identities, personal information, and data from unauthorized access, use, or disclosure.

*Include a statement advising participants how their privacy and confidentiality will be maintained. If confidentiality cannot be guaranteed (e.g. participants may be identifiable due to specific characteristics in the sample population), specify the limits to confidentiality. See* [*http://www.mun.ca/research/ethics/humans/icehr/informed-consent/wording-suggestions.php*](http://www.mun.ca/research/ethics/humans/icehr/informed-consent/wording-suggestions.php)

**Anonymity:**

Anonymity refers to protecting participants’ identifying characteristics, such as name or description of physical appearance.

*There is a difference between anonymous participation and anonymous data.*

*For example, participants’ anonymity cannot be guaranteed if data is collected in a group setting, but the data obtained from that participation can be reported without identifiers.*

*Limits to anonymity, of participation and/or data, should be explained. For examples see:*

[*http://www.mun.ca/research/ethics/humans/icehr/informed-consent/wording-suggestions.php*](http://www.mun.ca/research/ethics/humans/icehr/informed-consent/wording-suggestions.php)

*Some participants may prefer not to be anonymous – in community-based and/or participatory research, for instance – and this option should be given as long as it does not negatively affect and/or identify other participants who do wish to remain anonymous.*

*If anonymity is desired, researchers should assure participants that* every reasonable effort will be made to ensure their anonymity; and they will not be identified in publications without their explicit permission.

Please note that your course instructor will not have access to detailed Business Research Experience Pool participation details. He or she will only be able to view the total number of credit points earned by students, and will not know whether you have participated in this, or any other study, nor whether any credit points earned from participation in any study were earned from Research Participation or completion of the alternative assignment.

**Recording of Data:**

***If applicable****, provide information on the use of audio recording, video recording, photographic records, etc. in the study. Include yes/no checkboxes (at the end of this form) for participants to indicate agreement, or not, to the use of* ***each type*** *of recording device.*

**Use, Access, Ownership, and Storage of Data:**

*Describe:*

* *How the data will be stored – e.g. hardcopy, on a hard drive, a USB stick*. *Electronic data files should be password-protected and stored on password-protected and/or encrypted devices.*
* *Where you will store the data – a secure location such as a locked filing cabinet. Consent forms should be stored separately from the data.*
* *Who has access to the data – supervisor, research assistants, co-investigators, transcribers, funders and/or partner organizations. Intellectual Property and data access / ownership must be consistent with any funded or non-funded contract or research agreement associated with the project.*
* *Any intentions to archive data, especially to be accessible to other researchers. Consent must be obtained with a yes/no checkbox at the end of this form. Participants should also be informed whether or not the archived data will be anonymized.*
* *Your anticipated plans for retention and/or disposal of the data.\**

*\*You must state that “*Data will be kept for a minimum of five years, as required by Memorial University’s policy on Integrity in Scholarly Research.*” If funding and/or partner organizations associated with the project have stipulated other provisions, these must also be stated.*

**Third-Party Data Collection and/or Storage:**

*Familiarize yourself with the policies of the storage platform / provider that you intend to use. Full and informed consent requires that this information be communicated to the participants. Include a statement regarding data storage and privacy:*

Data collected from you as part of your participation in this project will be hosted and/or stored electronically by *[insert name of company, host, provider]* and is subject to their privacy policy, and to any relevant laws of the country in which their servers are located. Therefore, anonymity and confidentiality of data may not be guaranteed in the rare instance, for example, that government agencies obtain a court order compelling the provider to grant access to specific data stored on their servers. If you have questions or concerns about how your data will be collected or stored, please contact the researcher and/or visit the provider’s website for more information before participating. The privacy and security policy of the third-party hosting data collection and/or storing data can be found at: *[insert a link to the company’s privacy policy here]*.

*Most providers allow anonymous data collection in which no potentially identifying information (e.g. IP address, email address) is collected from respondents or provided to researchers. Unless there is a justifiable reason for collecting potentially identifiable information, researchers are strongly encouraged to exercise this option when collecting data online. Instructions on how to enable anonymous data collection is available on the provider’s website.*

**Reporting of Results:**

*Provide information about:*

* ***Where the data will, or may, be published*** *(e.g. a thesis, journal articles, conference presentation, report to an agency).* 
  + *Indicate how/if participants can access the study results without having to contact you (e.g. project website).*
  + *Master’s / PhD Students indicate:* Upon completion, my *thesis/dissertation* will be available at Memorial University’s Queen Elizabeth II library, and can be accessed online at: http://collections.mun.ca/cdm/search/collection/theses.
* ***How the data will be reported*** *(e.g. using direct quotations, or personally identifying information (if participants give permission); or only in an aggregated and/or summarized form).*

**Sharing of Results with Participants:**

*Explain what information and/or feedback on the study will be available or provided to participants after the project is complete (e.g. report, poster presentation, pamphlet).*

**Questions:**

*Potential participants should be given the opportunity to ask questions and receive answers to their questions prior to giving their consent.*

You are welcome to ask questions at any time before, during, or after your participation in this research. If you would like more information about this study, please contact: *Researcher’s name and contact information. Students: also include supervisor’s information here.*

***The following* ICEHR Approval Statement *must be included on all Consent Forms:***

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University’s ethics policy. If you have ethical concerns about the research, such as the way you have been treated or your rights as a participant, you may contact the Chairperson of the ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or by telephone at 709-864-2861.

*The remainder of your informed consent form should include ONE of the options below.*

***Option 1 -*** *for hardcopy forms;* ***OR***

***Option 2 -*** *for forms that will be provided online*

***OPTION 1 - hardcopy consent form:***

**Consent:**

Your signature on this form means that:

* You have read the information about the research.
* You have been able to ask questions about this study.
* You are satisfied with the answers to all your questions.
* You understand what the study is about and what you will be doing.
* You understand that you are free to withdraw participation in the study without having to give a reason, and that doing so will not affect you now or in the future.

***Regarding withdrawal during data collection (choose ONE):***

* You understand that if you choose to end participation **during** data collection, any data collected from you up to that **point will be destroyed**.

*-OR-*

* You understand that if you choose to end participation **during** data collection, any data collected from you up to that point **will be** **retained by the researcher, unless you indicate otherwise**.

***Regarding withdrawal after data collection (choose ONE):***

* You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the study up to *insert cut-off date here*.

*-OR-*

* You understand that your data is being collected anonymously and therefore cannot be removed once data collection has ended.

***Include only the checkboxes that are relevant to your study!***

*These are some common examples, not an exhaustive list. If you require consent for something not listed here, include an appropriate checkbox in this section.*

|  |  |
| --- | --- |
| I agree to be audio-recorded | Yes  No |
| I agree to be video-recorded | Yes  No |
| I agree to be photographed | Yes  No |
| I agree to the use of direct quotations | Yes  No |
| I allow my name to be identified in any publications resulting from this study | Yes  No |
| I allow data collected from me to be archived in *insert name/description of archive here* | Yes  No |

By signing this form, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

**Your Signature Confirms:**

I have read what this study is about and understood the risks and benefits. I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.

I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation.

A copy of this Informed Consent Form has been given to me for my records.

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Signature of Participant Date

**Researcher’s Signature:**

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

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Signature of Principal Investigator Date

***OPTION 2 - online consent form:***

**Consent:**

By completing this *survey / questionnaire* you agree that:

* You have read the information about the research.
* You have been advised that you may ask questions about this study and receive answers prior to continuing.
* You are satisfied that any questions you had have been addressed.
* You understand what the study is about and what you will be doing.
* You understand that you are free to withdraw participation from the study by closing your browser window or navigating away from this page, without having to give a reason and that doing so will not affect you now or in the future.

***Regarding withdrawal after data collection (choose ONE):***

* You understand that this data is being collected anonymously and therefore your data **cannot** be removed once you submit this survey.

*-OR-*

* You understand that if you choose to withdraw, you may request that your data be removed from the study by contacting the researcher before *insert cut-off date here.*

By consenting to this online survey, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

Please retain a copy of this consent information for your records. *\*\* If possible, include a PDF of the consent form that participants can download\*\**

**Clicking** *insert term here* *(e.g. accept, continue)* **below and submitting this survey constitutes consent and implies your agreement to the above statements.**