## Consent Form

**Study Title:**

You are being asked to take part in a research study of how [insert purpose and focus of study]. This is student research required as an assignment for the following course [insert course name] at the College of the Rockies. We are asking you to take part in this study because you are [address why participation is being sought]. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

**What the study is about:** The purpose of this study is to [focus on what the overall intent of the study is and the study goals].

**What we will ask you to do:** If you agree to be in this study, we will conduct an **interview** OR **focus group** with you. The interview will include questions about your demographic information (e.g. age, job, social economic status) and will focus on questions related [insert relevant topic areas] will take [time in minutes] to complete. With your permission, we would also like to tape-record the interview [if you are not taping the interview outline if you will take notes].

**Risks and benefits:**

**We do not anticipate any risks to you participating in this study other than those encountered in day-to-day life. You may choose not to answer some of the questions asked and if you do not wish to disclose certain information about yourself you may do so at any time during the stud.[please assess if there are any other risks and include on the consent form]**

This project will obtain valuable information about how [insert this information about your project here].

**Compensation:** There is no compensation allotted for participating in this study. It is voluntary.

**Your answers will be confidential.** The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file in the course instructor’s office; only the researchers will have access to the records. If we audio-record the interview, we will destroy the audio file after it has been transcribed, which we anticipate will be within two months of its taping. The audio transcripts will be de-identified (meaning your name and identifying information) will be removed and kept in a locked filing cabinet for three years.

**Taking part is voluntary:** Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with the College of the Rockies. If you decide to take part, you are free to withdraw at any time.

**If you have questions:** The researchers conducting this study are [insert instructor name] (Lead Investigator and Faculty Member) and the [course number] student(s). Please ask any questions you have now. If you have questions later, you may contact [instructor name and email] or Tel: (250) 489-2751 ext [instructor extension]

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Research Ethics Board Chair (REB), Daniel Wiens, at 236-505-8367 or access his email at dwiens@cotr.bc.ca .

You will be given a copy of this form to keep for your records.

**Statement of Consent:** I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition to agreeing to participate, I also consent to having the interview tape-recorded.

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent form will be kept by the course instructor for at least three years beyond the end of the study.