RED RIVER COLLEGE
OF APPLIED ARTS, SCIENCE AND TECHNOLOGY

Research Ethics Board
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Note: This is provided as a general guide towards a consent form. All consent forms need to be reviewed and approved by the REB.

Sample Consent Form
[Title of Study]

Principal Investigator:

Co-Investigator(s):

Purpose:
[Explain in simple lay terms exactly the purpose of the experiment. It may also be appropriate to provide an explanation of why they have been asked to participate.]

Study Procedures:
[Explain in simple lay terms exactly what will happen to them if they participate in the study.]

[If applicable include the following:
- If the study involves a control group, describe terms such as randomization, (How it will be done – i.e. flip of a coin?),
- Describe how many sessions or visits, amount of time required for each visit, amount of time required for interviews, questionnaires, etc.
- If the study takes place in the elementary or secondary schools and involves the use of class time, include a description of what students whose parents refuse participation will do during the time that the other students are involved with the study.
- If the study takes place in post-secondary institutions and involves the use of class time, include a description of what students who refuse to participate will do during the time that the other students are involved with the study.
- If the study involves analysis of tests or activities that are a part of regular class routine, then explain that the results of those who do not participate will not be included in the research.
- If videotaping is involved, explain that those not participating will not be videotaped.]

Confidentiality:
[Include a statement that assures that the subject's identity will be kept strictly confidential and describe how this will be accomplished, e.g. 'All documents will be identified only by code number and kept in a locked filing cabinet. Subjects will not be identified by name in any reports of the completed study.' If the data records are kept on a computer hard disk, describe how the security of the computer record will be maintained.]

Risks and vulnerability:
[Explain the degree of risks for participants and what steps the researcher is taking to reduce any risks of vulnerability of participants].

Remuneration/Compensation:
[In order to defray the costs of *inconvenience/transportation/loss of wages* each participant will be *reimbursed or will receive an honorarium* in the amount of - $. If course credit is available to post-secondary students, explain the process. Remuneration or compensation should not be dependent on completion of the project, but should be pro-rated for those that withdraw before completion.]

Dissemination:
[Explain how the results of the study will be shared with others and in what forms and media].

Contact for information about the study:
If you have any questions or desire further information with respect to this study, or wish to withdraw, you may contact [Principal Investigator] or one of [his/her] associates at [telephone number].

Consent:
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your [employment, class standing, etc.]. If you decide to withdraw, your data will be . . . or [explain how participants can have their data deleted from the study].

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

[On parental consent forms include a statement of choice, for example:
'I consent/I do not consent (circle one) to my child's participation in this study.'

Please note that parents must be provided with a copy of the parental consent form. It is acceptable to include a separate section for signatures so that they may return the signature page or section and keep the information contained in the consent form for their own records.]

_____

Subject Signature Date
(or Parent or Guardian Signature)

_____

Printed Name of the Subject or Parent or Guardian signing above.