** Research Ethics Board**

**Letter of Information/Consent Form**

**FR-REB-002**

**PART A: LETTER OF INFORMATION**

1. **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **A Study of/about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Investigators**

**Principal Investigator**:

1. Research led by UCN Faculty Member/Non-Teaching Staff/Elder:

Name:

Department/Division:

Contact address and e-mail:

1. Research led by UCN undergraduate student:

Name:

Department/Division:

Contact address and e-mail:

**Co-Investigator(s) (if applicable):**

**Research Sponsor (if applicable):**

**Faculty Supervisor (if applicable).** Include full contact information:

1. **Purpose of the Study**

[*State in lay or plain language the purpose of the research or the research question being asked. Avoid simply inserting the title of the study if it doesn’t describe the purpose. This section should answer the question: What am I (are we) trying to discover? When appropriate add: “I am doing this research for a course, thesis, or under contract*”]

You are invited to take part in this study on ….. I (we) want to …….. I am (we are) hoping to learn….. I (we) also hope to find out….

1. **Procedures involved in the Research**

(*Alternate wording*: **What will happen during the study?**)

*[Describe the procedures step by step, using simple language, short sentences and short paragraphs or bullets if appropriate. Put yourself in the place of the participant and describe the procedure as you might want it explained to you. Use the word “you” rather than the “the participant” and “I” or “we” rather than “the researcher(s)”. If scientific terms are unavoidable, they should be clearly explained. Details such as the length of time each part of the study will take, assignment to study groups, frequency of procedures, where participation will take place etc. should be provided. If the study involves an interview, indicate whether you would like to take handwritten notes, audio or video-record the interview or both and insert the phrase “with your permission.” Provide 2-3 sample questions. Use those that you think the participant would find most sensitive. If feasible, attach the interview guide for one-on-one interviews or focus groups.]*

You will be shown….. your job will be to …. You might be asked to …. XXXX will be attached to your body to monitor ….. you will be asked to complete …… you will be assigned to…. I am going to talk about things like … I will be asking you questions about… I will also ask you for some demographic information like your age and education.

1. **Potential Harms, Risks or Discomforts:**

(*Alternate wording:* **Are there any risks to doing the study?)**

*[Describe any reasonably foreseeable risks, discomforts, inconveniences that might occur, and how they will be dealt with.]*

*For high risk research:*

You should be aware that there are risks when taking part in this study …

*OR*

The risks involved in participating in this study are not expected to be greater than you would encounter in your day-to-day activities. However, you may feel uncomfortable with (anxious, uneasy about) …. You may find it stressful to….

You may worry about how others will react to what you say….

*OR*

It is not likely that there will be any harms or discomforts associated with …

You do not need to answer questions that you do not want to answer or that make you feel uncomfortable…. And you can withdraw (stop taking part) at any time. I describe below the steps I am taking to protect your privacy.

1. **Potential Benefits**

(*Alternate wording*: **Are there any benefits to doing this study?)**

*[Describe what potential benefits to the community, to science, or to society at large, if any, may be expected from the research.]*

The research will not benefit you directly. I hope to learn more about…… I hope that what is learned as a result of this study will help us to better understand ….This could help….

1. **Payment or Reimbursement** (if applicable)

*[If the participants will be compensated, indicate what the compensation will be. If there is no compensation for participants, this section of the letter should be omitted.]*

1. **Confidentiality**

(A*lternate wording*: **Who will know what I said or did in the study?**)

*[Describe procedures to ensure confidentiality (i.e., how you will keep their information private) or anonymity (i.e., how you are ensuring that their identity will be known to no one, including you as the researcher). If confidentiality cannot be assured or guaranteed, indicate that this is the case. If you are planning on identifying participants, or giving participants the option of being identified or to have a pseudonym used, explain this clearly. Also provide information about the steps you are taking to maintain the security of the data while it is in your possession, the length of time you will be retaining it and what you will do with it once the study has been completed.]*

You are participating in this study confidentially. I will not use your name or any information that would allow you to be identified…No one but me [or other members of the research team such as the research assistant …] will know whether you participated unless you choose to tell them.

**Or**

Every effort will be made to protect (guarantee) your confidentiality and privacy. I will not use your name or any information that would allow you to be identified. However, we are often identifiable through the stories we tell.

**Or**

However, since your group (community) is small, others may be able to identify you on the basis of references you make. Please keep this in mind in deciding what to tell me.

**Or**

(For focus groups): We will undertake to safeguard the confidentiality of the discussion. We ask the other members of the focus group to keep what you say confidential, but we cannot guarantee that they will do so.

**Or**

You are participating in this research anonymously. No one including me will know that you have participated.

The information/data you provide will be kept in a locked desk/cabinet where only I will have access to it….Information kept on a computer will be protected by a password. Once the study has been completed, the data will be destroyed …. Once the study is complete, an archive of the data, without identifying information, will be deposited ….

1. **Legally Required Disclosure** (If applicable)

*[Researchers will generally be required to reveal certain information if it is required by law (e.g. child abuse, public health risk, etc). However, researchers involved in certain types of sensitive research (e.g. criminal activity / assisted suicide etc.) may choose to challenge a request for their data, in which case wording in ii) below may be preferred. Researchers are encouraged to consult with the UCN REB to discuss issues that pose greater than minimal risk to participants.**If you are not going to be conducting research on sensitive topics you are not required to include this section.]*

i) Although I will protect your privacy as outlined above, if the law requires it, I will have to reveal certain personal information (e.g., child abuse)…. **Or**

ii) I will protect your privacy as outlined above. If legal authorities request the information you have provided, I will defend its confidentiality. **Or** … If legal authorities request the information you have provided, I may be required to reveal it.

1. **Participation and Withdrawal**

(A*lternate wording:* **What if I change my mind about being in the study?**)

Your participation in this study is voluntary….It is your choice to be part of the study or not.…. If you decide to be part of the study, you can decide to stop (withdraw), at any time, even after signing the consent form or part-way through the study. If you decide to withdraw, there will be no consequences to you…. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study….Your decision whether or not to be part of the study will not affect your continuing access to services (alternate wording: change or stop the way you use services ) at ………

1. **Information about the Study Results**

(Alternate wording: **How do I find out what was learned in this study?)**

I expect to have this study completed by approximately [month, year]. If you would like a brief summary of the results, please let me know how you would like it sent to you.

**Or**

A summary of the results will be posted at …… If you would like to receive the summary personally, please let me know how you would like me to send it to you.

1. **Questions about the Study**

If you have questions or require more information about the study itself, please contact me.

*[The following statement is required.]*

This study has been reviewed by the University College of the North Research Ethics Board and received ethics clearance.

If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact the chairperson of UCN’s Research Ethics Board, Abayomi Oredegbe [aoredegbe@ucn.ca](mailto:aoredegbe@ucn.ca)

**PART B: CONSENT**

*[Note to Principal Investigator: Keep the Letter of Information and Consent Form in one document. When obtaining written consent make certain that you bring one copy for your records and one for the participant to keep.]*

I have read the information presented in the Letter of Information above about a study being conducted by …… [insert researcher’s name(s)], of University College of the North. I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested. I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a copy of this form. I agree to participate in the study.

*1. I agree that the interview can be audio/video- recorded.*

*… Yes*

*… No*

*2. …Yes, I would like to receive a summary of the study’s results. Please send them to this email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or to this mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*…..No, I do not want to receive a summary of the study’s results.*

*3. I want my identity kept confidential.*

*...Yes*

*... No, I prefer to be identified or have a pseudonym used. Please refer to me as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. I agree to be contacted about a follow-up interview, and understand that I can always decline the request.*

*... Yes. How to contact me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*... No*

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian if Participant is not of legal age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form updated on October 17, 2023.