

## CONSENT FORM

**Please see the HREB Consent Form Guidance Document for help in providing information for each of the headings below (remove this red text on your final consent form)**

**Project Title:**

**Investigators:**

**Contact Information:**

**Sponsor:** *(if any)*

You are being invited to participate in a research project, as described above and in this consent form. Please note this consent form serves to provide an overview of what the research in question is about and what your participation would entail; it is only one part of the consent process. Read this consent form carefully. You should understand the accompanying information. If you have any questions, please ask for help. You will receive a copy of this form.

**Summary of the Study:**

**Participant's Involvement/ What would my involvement entail?**

**Collection of Personal Information/ What sort of personal information would be collected and how?**

**Study Risks or Benefits for Participants/What are the risks or benefits involved in my participation?**

**Voluntary Participation and Withdrawal of Consent:**

You are under no obligation to participate in this research study.

You are free to withdraw *(specify a date after which withdrawal is not possible or if data is collected anonymously then it must be clear above that withdrawing cannot occur once the data collection is completed)* without prejudice to pre-existing entitlements. You will not suffer any disadvantage or reprisal for withdrawing.”

*Note: Specify how to withdraw (i.e. contact PI via telephone, e-mail, mail, etc.). Explain what will happen to the participants collected data if they decide to withdraw. Explain*

*further that the researcher can withdraw a participant from the study and include reasons for such an occurrence.*

You will be given, in a timely manner throughout the course of the research project, information that is relevant to your decision to continue or withdraw from participation

**What will happen to the results of this research project?**

**Compensation:**

**Who should I contact if I have concerns regarding ethical issues related to this research project?**

If you have any questions concerning your rights as a possible participant in this research, please contact the Research Ethics Officer, at Mount Royal University, 403-440-8470, [hreb@mtroyal.ca](mailto:hreb@mtroyal.ca).

**Signature (written consent):**

Your signature on this form indicates that you:

- are voluntarily consenting to participate in this research project,
- understand to your satisfaction the information regarding your participation in the research project and your agreement to participate,
- have not yet commenced participation in the research project – your participation will only begin once you have provided your consent, and
- have been given adequate time and opportunity to:
  - consider the information provided,
  - pose any questions you may have, and
  - discuss and consider whether you will participate.

If you have further questions concerning matters related to this research, please contact: *Provide PI's name, Department, Faculty, telephone and e-mail address.*

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Participant's Name

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Signature and Date

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Principal Investigator/Delegate's Name

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Signature and Date

The Human Research Ethics Board of Mount Royal University has approved this research study.

A copy of this consent form has been provided to you for your records and reference.