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|  | *Participant Consent Form* |

**[*Students’ Project Title*]**

You are invited to participate in a study entitled [*title*] that is being conducted by [*insert students’ names and email contact information here*].

We are students in the [*name of university, name and number of course]*  taught by [*name of instructor]*. We are conducting this research as part of a course assignment. You may contact the instructor at [*instructor’s contact info* if you have further questions.

**Purpose and Objectives:** The purpose of this research project is [*describe* *purpose/objective in clear plain language*]. Data gathered as part of this study may be shared with our educational partner/client, [*give name of organization].*

**Voluntary Participant Involvement:** If you consent to voluntarily participate in this research, your participation will include [*describe the activating -- e.g*: *filling out this anonymous survey, which will take approximately \_\_\_\_ minutes*]. Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw before completing the survey, your responses will be discarded. If you complete the survey, it will be impossible to remove your responses as they are anonymous. No personal data will be gathered or kept; all responses remain anonymous.

**Risks:** There are no known or anticipated risks to you by participating in this research.

**Dissemination of Results:** It is anticipated that the results of this study will be shared with others in the form of a class presentation and a formal report submitted to the instructor and potentially to the client/educational partner.

**Disposal of Data**

Data from this study will be disposed of within 1 month of the end of the project. All hard copy documents will be shredded, and electronic data will be erased.

**Contacts:** see contact information at the beginning of this form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the [*name of institution: contact info – e.g:*  University of Victoria (250-472-4545 or [ethics@uvic.ca](mailto:ethics@uvic.ca)].

*By completing the survey and submitting it electronically, you acknowledge that you understand the above information and are giving your informed consent to participate in the study.*

***Or, for hard copy surveys:***

*Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.*

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| *Print Name of Participant* | *Signature* | *Date* |

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*