**Example Consent Form for Online Data Collection with Groups**

This document describes an *example* of a Research Consent Form. Key elements of the consent form are described within square brackets in ***blue italicized text***. Please ensure that you remove the blue text prior to submitting your application.

***[Include the CapU Logo]***

***A close up of a logo

Description automatically generated***

***[Project Title] Factors Associated with Academic Success***

***[Contact information of the Principal investigator and supervisor]***

|  |  |
| --- | --- |
| **Principal Investigator**  Robert Bly, Student  Bachelor of Phycology  Capilano University  Robert.Bly@capilanou.ca | **Faculty Supervisor**  Dr. Sigmund Freud  Department of Psychology  Capilano University  Sigmund.Freud@capilanou.ca |

***[Purpose - Explain the topic being explored and why the research is being done]***

I am a student in the Bachelor of Psychology at Capilano University. My research, entitled “*Factors Associated with Academic Success,”* aimsto identify factors that determine academic success among students in Capilano University’s Psychology program. My hope is that my research will contribute to the future success of Education students at Capilano University and beyond.

***[Description – Describe what the participant is being asked to do, and how much time participation would take].***

I would like to ask if you would be willing to participate in a group discussion with your fellow students. Members of the group will discuss their experiences while attending Capilano University, with emphasis on factors such as social support, financial situation, family responsibilities, and past academic performance. If all participants agree, the group discussion would be audio-recorded. The group discussion is expected to take about one hour.

***[Use of Research Information – Describe how the information collected from participants will be used]***

The results of this study will be published in my undergraduate thesis, and may also be used for conference publications, presentations, and published in peer-reviewed journals.

***[Risk of harm to participants – Describe potential risks of harm participants, such as stress, embarrassment, loss of privacy, loss of status, and loss of reputation, etc.]***

Depending on the information you provide, there may be a risk that the information you provide might cause loss of social status and/or embarrassment. To mitigate this risk, you would have an opportunity to choose whether your identity would be disclosed in the products of the research, and whether you agree to quoting you in the products of the research. Should you choose not to have your identity disclosed, I will make every effort not to directly or indirectly disclose your identity in the products of the research. Nonetheless, because the discussion would be conducted as a group, of course the other participants would know your identity and I would have no control over what information other participants disclose.

***[Participation and withdrawal – participants must be told explicitly that they have the right to decline to participate. In accordance with the principal of ongoing consent, participant also have the right to withdraw from a study at any time where practicable. If you wish to put a limit on the time by which participants may withdraw, you need to clearly state this in the consent form].***

Your participation is completely voluntary. You may withdraw from the study for any reason, without explanation, up to when I begin analysis of the data. If you would like to review and make changes to the transcript of the interview, or withdraw from the study, you may do so up to four weeks from the time of being provided a copy of the transcript by contacting me by email. If you choose to withdraw from the study, all information you provided during the group discussion would be withdrawn from the study and destroyed.

***[Management of Research Information/Data – Describe how you will manage the research data, such as methods of recording, storage, whether (and if so, and how and when) data will be destroyed after project completion, and any associated risks to privacy]***

[*Company name*] will be used to host the group discussion. If you agree, the interview would be recorded using my personal recording devise (see checkbox below). In accordance with [*Company name*]’s data management and privacy policy, our interview would NOT be recorded by [*Company name*] (see [*URL link to company’s privacy policy*]). Please also be aware that because I will use [*name of email service provider*] to transmit interview transcripts, and because [*name of email service provider*] stores data outside of Canada, the interview transcript would be subject to [*name of email service provider*]’s data management and privacy policies, not protected by Canadian privacy legislation, and may be accessed by the foreign government/s in accordance with its/their laws (see [*URL link to email service provider’s privacy policy*]).

All data derived from the group discussion will be stored on a password-protected computer. All data associated with our interview not included in the products of the research will be permanently deleted at the end of the project, approximately May 31st, 2021.

***[Consent and Conditions of Consent]***

I have read and understand the information provided above, and hereby consent to participate in this research under the following conditions:

|  |  |  |
| --- | --- | --- |
| *I consent to the group discussion being audio recorded.* | *Yes* | *No* |
| *I consent to having my personal identity disclosed in the products of the research.* | *Yes* | *No* |
| *I consent to being quoted in the products of the research.* | *Yes* | *No* |

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[Commitment of Principal Investigator – A commitment of the researcher to adhere to the protocol described in the consent form]***

I, Robert Bly, promise to adhere to the procedures described in this consent form.

Principal Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any concerns about your treatment as a research participant in this study, please contact the Capilano University Research Ethics Board at [reb@capilanou.ca](mailto:reb@capilanou.ca).

***Participants should be provided a copy of the consent form.***