**Example Consent Form for 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.



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

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

|  |  |
| --- | --- |
| **Principal Investigator**  Slade Grade, Student Researcher  Master of Education  Vancouver Island University  [Slade.Grade@gmail.com](mailto:Slade.Grade@viu.ca) | **Student Supervisor**  Lloyd Freud, PhD.  Department of Psychology  Vancouver Island University  [Lloyd.Freud@viu.ca](mailto:Lloyd.Freud@viu.ca) |

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

I am a student in the Master of Education in Educational Leadership at Vancouver Island University (VIU). My research, entitled “*Factors Associated with Academic Success,”* aimsto identify factors that determine academic success among students in VIU’s Bachelor of Education program. My hope is that my research will contribute to the future success of Education students at VIU.

***[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 be discussing their experiences while attending VIU, 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 recorded. The group discussion is expected to take about an hour.

***[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 consent to me 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. Nonetheless, because the discussion would be conducted as a group, of course the other participants would know your identity, and I have no control over what participants disclose.

***[Management of Research Information/Data – Describe how you will manage the research data, such as methods of storage, processing, and whether (and how and when) data will be destroyed after project completion]***

With the permission of all participants, the group discussion would be audio recorded, and later transcribed. You would be provided a copy of the transcript and invited to change or withdraw any statements you made, within two weeks of receiving the transcript. Electronic data will be stored on a password-protected computer. Signed consent forms and paper copies of interview transcripts will be stored in a locked file cabinet in my home. Data will be deleted and shredded at the end of the project, approximately May 31st, 2019.

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

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

***[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 at any time up until two weeks after you have received a copy of the transcript, for any reason and without explanation. If you choose to withdraw from the study, all information you provided during the group discussion would be withdrawn from the study and destroyed.

***[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, Slade Grade, promise to adhere to the procedures described in this consent form.

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

***[Concerns about your Treatment in the Research]***

If you have any concerns about your treatment as a research participant in this study, please contact the VIU Research Ethics Board by telephone at 250-740-6631 or by email at [reb@viu.ca](mailto:reb@viu.ca).

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