

(Department Name)
University of the Fraser Valley
33844 King Road
Abbotsford BC V2S 7M8
604 504 7441



Date

(Insert Title of Project)

Letter of Informed Consent

(Short introduction if desired)

Purpose/Objectives of the Study

Short description about why you are doing this study and what the study is designed to establish. State this in lay language. [E.g. In this study we want to... we are hoping to learn...]. Add here information about the research team – who is doing what, why, how, who is involved, etc.

Procedures involved in the Research

Description of what will happen during the study. Describe the procedure in simple language and if scientific terms are to be used make sure you define them. Be sure to include length of time of participation, assignment to groups, frequency of procedures and location if applicable. Interviews, and the process by which they are recorded (paper, tape, video, etc.) need to be mentioned here. [E.g. You will be shown...You might be asked to...We will be asking questions about...You will be assigned to....]

Potential Harms, Risks or Discomforts to Participants

Describe if anything bad will happen during the study. Any reasonably foreseeable risks, discomforts and inconveniences, and how they will be dealt with. If they are risks that may cause the researcher to stop the study please describe them. [E.g. You may feel uncomfortable with... you do not need to answer questions that make you uncomfortable...]

It may be possible there are no anticipated risks. In this case simply state something like “It is not likely that there will be any harms or discomforts associated with...” or “there are no foreseeable risks involved in this study”.

Potential Benefits

Describe the possible benefits for participating in this study. This includes benefits to the community, to science and/or society. If there are any benefits to the participant themselves (i.e. compensation) state this here, and state what that compensation is. If there are no benefits to the participant directly state this as well. [E.g. we hope to... this could help with... the research will not benefit you directly....]

Confidentiality

Describe how the data will be kept confidential or anonymous. If the data cannot be guaranteed to be kept confidential explain why and who may access it (for example, online surveys, facebook, etc.). Provide information on the length of time of retention and security of data. [E.g. Anything that you say or do in the study will not be told to anyone else or published, without your permission...Your privacy will be respected...The information obtained will be kept... will be locked away...the information will be destroyed...]. Provide the date that the data will be destroyed

Participation

Explain here how their participation is voluntary and they may withdraw at anytime without consequences. Also make sure they know they can refuse to answer some questions but stay in the study (if this is true), and if they do withdraw explain what will happen to their data. [E.g. Your participation in this study is voluntary... in cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise... if you choose not to participate this will not affect...]

Study Results

Indicate here if you wish to provide the results of the study or not, and where participants can go or who to contact to get them.

Questions

Indicate here who the participants can contact if they have any questions about the study. Indicate that if participants have any concerns about the study to contact the AVP of Research & Graduate Studies, Yvon Dandurand, at yvon.dandurand@ufv.ca or 604-864-4639. Also indicate here that the ethics of your study has been reviewed and approved by the UFV Research Ethics Board.

CONSENT – (GUIDELINE ONLY)

By signing below I agree to participate in this study, titled (insert title).

I have read the information presented in the letter of informed consent being conducted by (insert name[s] and faculty) at the University of the Fraser Valley. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details.

I understand that I have the right to withdraw from the study at any time and that confidentiality and/or anonymity of all results will be preserved. Any concerns may be brought to (insert contact), or Yvon Dandurand, AVP of Research & Graduate Studies.

Name (please print) _____

Signature _____

Date _____

Name of Witness (please print) _____

Witness Signature _____

Once signed, a copy of this consent form will be provided to you

This sheet must be attached to the whole letter of informed consent