**Informed Consent Form**

**Project Title:**

Principal Investigator (PI) name, email and phone

Supervisor (if applicable) name, email, and phone

**Purpose of the study**

Brief paragraph that describes, in non-technical language, the purpose of the study

**Who can take part in this research study?**

Describe inclusion/exclusion criteria.

**What you will be asked to do**

Describe all procedures in the study and the total amount of time for each task.

**Your participation is voluntary; you may withdraw at any time**

A statement of the participants right to refuse to participate or withdraw at any time. A statement that withdrawal or refusal to participate will have no negative consequences for the participant.

State what will happen to their data if they withdraw.

State any limits to withdrawal (e.g., once data is aggregated and you cannot tease out their data; anonymized data that can no longer be identified; focus group data that cannot be teased out)

**Will you be compensated?**

Details of monetary or other compensation, if any.

**Possible Risks and Benefits**

Describe the likelihood of any risks associated with participation (physical, psychological, professional, personal). Describe any benefits.

**Privacy and confidentiality**

Describe any limits to confidentiality (e.g., other focus group participants,

Describe how you will keep their identity private.

Statement of how the information will be used (presentation, publication etc.)

Statement as to how participants can receive a copy or executive summary of completed project and,

where appropriate, receive updated information during the course of the research.

Contact information for the Dean

***If you have any concerns or complaints about your rights as a research participant, please contact the Chair of the Research Ethics Board at Thompson Rivers University, 805 TRU Way, Kamloops, BC.V2C 0C8. Email: TRU-REB@tru.ca; Phone: 250-828-5000.***

***My signature on this form indicates that I understand the information regarding this research project including all procedures and the personal risks involved. I have had the opportunity to ask questions and am satisfied with the answers. I have received a copy of this consent form for my records. I voluntarily agree to participate in this project.***

Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator and/or Delegate’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_