# Interview Consent Form Template

## Instruction Guide

### Before You Begin

* The information provided in blue text and parentheses (...) are instructions to guide you as you fill in and convey the specific details of your research study.
* The information provided in blue text and square brackets [...] provides guidance regarding research ethics standards. This guidance includes direct references to the Tri-Council Policy Statement 2 (TCPS 2, 2022), applicable legislation and policies, as well as to corresponding sections of your research ethics protocol.
* Please ensure that you thoroughly remove these parentheses and square brackets as well as the enclosed text and this Instruction Guide page prior to submitting your consent form for REB review.

### Important Tips

* Double-check that the information in your consent form/forms matches/match the information provided in your research ethics protocol (and funding proposal if applicable).
* Consent forms should be written at a reading level appropriate for your target audience. Use clear language, avoid acronyms/academic jargon, and explain terms a layperson may not be familiar with to ensure the clarity needed for informed consent.
* For clarity, consider using second-person pronouns (“you/your”) throughout the form when referring to participants, except on the signature page where you use first-person pronouns (“I”).
* Consider accessibility requirements by consulting this [guide on how to create accessible documents](https://www.torontomu.ca/accessibility/guides-resources/document-accessibility/).

### Additional Information

* [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)](https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html)
* [TCPS 2 Interpretations](https://ethics.gc.ca/eng/policy-politique_interpretations.html)
* [Guidance in Applying TCPS 2](https://ethics.gc.ca/eng/guidance-lignes_directrices.html)

If you have any other questions, please email us at [rebchair@torontomu.ca](mailto:rebchair@torontomu.ca).

## Consent to Participate in Research

**Title:** (Title of the study)

|  |
| --- |
| Principal Investigator |
| (Name) |
| (Position/Title) |
| (Department/Faculty) |
| (University/Institution) |
| (Email Address) |

|  |
| --- |
| Co-Investigator [Include the names of the co-investigators listed in Section 2 of your research ethics protocol. There is no need to list research assistants in your consent forms unless they are the point of contact for the project or responsible for data collection. Student principal investigators should include the name of their supervisor/supervisors.] |
| (Name) |
| (Position/Title) |
| (Department/Faculty) |
| (University/Institution) |
| (Email Address) |

|  |
| --- |
| Faculty Supervisor |
| (Name) |
| (Position/Title) |
| (Department/Faculty) |
| (University/Institution) |
| (Email Address) |

### *You are invited to participate in a research study. Please read the information about the study presented in this form. The form includes details on study’s procedures, risks and benefits that you should know before you decide if you would like to take part. You should take as much time as you need to make your decision. You should ask the Principal Investigator (PI) or study team to explain anything that you do not understand and make sure that all of your questions have been answered before signing this consent form. Before you make your decision, feel free to talk about this study with anyone you wish including your friends and family. Participation in this study is voluntary.*

### Study Funding and Conflict of Interest

This study is funded by (include the name of sponsors and funders, if applicable. For the latter, also provide the identifying grant number. Declare any real, potential or perceived conflict of interest and plans for commercialization, if applicable. Outline all mitigation strategies, as applicable).

[A declaration of any real, potential or perceived conflict of interest and commercialization is required for industry-funded studies. According to Article 3.2.e of the TCPS 2, researchers should disclose the presence of any real, potential or perceived conflicts of interest on the part of the researchers, their institutions or the research sponsors, as well as the possibility of commercialization (where applicable) of research findings. Refer to Article 7.4 for additional information.]

### Study Introduction and Purpose

[According to Article 3.2 of the TCPS 2, researchers must provide the following information in plain language: the purpose of the research, expected duration of participation, a description of the research methods, what information will be collected and for what purpose, the nature and expected duration of participation, as well as the rights and responsibilities of the participant. Please include this information across three sections: “Study Introduction and Purpose”, “Brief Overview” and “What You Are Being Asked to Do”.]

The purpose of this study is to (describe the topic and objective/aims/goals of your study in three to five sentences in lay terms)*.* We are inviting (number of participants)participants. To participate, you must be (specify inclusion criteria and exclusion criteria)*.*

### Brief Overview

|  |  |
| --- | --- |
| * (Key Point – Voluntary Participation) | * (Key Point – Risks/Benefits) |
| * (Key Point – Completion Time) | * (Key Point – Participation Task/Tasks) |
| * (Key Point – Anonymity/Confidentiality) | * (Key Point – Nature of Incentive) |
| * (Key Point – Privacy) | * (Key Point – Who to Contact) |

### What You Are Being Asked to Do

If you choose to participate, you will be asked to (insert a concise description of exactly what participants are asked to do)*.* The (activity/task) should take you no more than (note the completion time for each activity and a total time of participation if there are multiple phases and activities).

(Include a detailed description of the activities and tasks. Also outline the data collection procedures chronologically in short sentences using plain language.)

(Describe the type of information that will be collected from or about participants and for what purposes. Indicate the location of the research and the expected duration of involvement. It is recommended that you provide one or two sample questions so that participants know what to expect. Provide clear information about any demographic data that will be collected. Use bullet points, if needed, and avoid using technical terms. If this is not possible, please define and explain each term.)

(If participants will be given the opportunity to review their data such as transcripts, explain what participants will be able to review, how you will provide them with a copy of their data, how they can provide feedback and a final date for the participants to request their data/provide feedback. Please also outline whether participants can request changes or if they are only able to withdraw their data).

(Indicate if and how translation and/or interpretation may be provided.)

### Potential Benefits

Our goal is that this study will (include a brief description in plain language of the main potential benefit of the research both to participants and to groups/society). This research will also be used to (include any additional benefit/benefits). However, we cannot guarantee that you will receive any benefits from your participation in this study.

[The information provided here should reflect the information under section 16.e of the research ethics protocol.]

### Potential Risks

(If there are no anticipated risks to the participants, include the following statement: “There are no known or expected risks for participants in this study.”)  
  
It is possible that some of the questions you will be asked may cause (outline and discuss each of the potential risks associated with the research and the corresponding mitigation strategy in place to address the physical, psychological, social, financial and legal risks, as applicable).

If you need support, please contact any of the following:

(Include a list of three to five free, available 24/7, geographically and culturally relevant resources for participants to access.)

* (Resource.)
* (Resource.)
* (Resource.)

### Your Identity Will Be Confidential

Your identity will remain confidential. (Explain in plain language what this means and indicate very clearly how you will ensure that participants’ confidentiality will be maintained, e.g., the data will be de-identified, the audio-recording will be destroyed after transcription, consent forms will be stored separately from any identifiable data, etc.)

(Explain in plain language any limitations to the withdrawal of participant data).

(If the interview will take place virtually on Zoom or any online platform, advise participants to conduct it in a secure location that ensures aural and visual privacy.)

(Indicate whether there is a duty to report child abuse or elder abuse in long-term care facilities, if relevant to the nature of the study.)

(Identify any other potential limits to confidentiality (e.g., legal, professional.)

(Provide information regarding any third-party apps/software used during data collection and/or analysis; also provide links to their privacy/security policies.)

(Indicate that participants’ IP addresses will not be collected by the research team, if collecting data online.)

[The information provided here should match the information provided in Section 17 of the ethics protocol.]

### How Your Data Will Be Used

[If applicable:] This research is being conducted as partial completion of a degree requirement and will be used for a student’s (specify if the research will be used for the student’s MA thesis or MRP or PhD dissertation. Remove if not applicable). The information that you and other participants provide will be analyzed by the research team to answer the key research questions and meet the study objectives/aim/goals. The research findings will be made available on (provide a descriptive link to RShare with instructions on how to access the thesis or MRP if the principal investigator is a graduate student, and an estimated completion date. If the principal investigator is not a student, please outline how participants may have access to the final report). The findings from this project will also be disseminated through (outline all forms of dissemination planned, such as publications, reports and conference presentations).

[If applicable:] In order to allow other researchers to verify the findings of this study or replicate the analysis of the information we collected, the data we collect in this study will be stored indefinitely on (specify digital repository, e.g., [RShare](https://library.torontomu.ca/rshare/), [Open Science Framework](https://osf.io/)), a digital platform that allows researchers to verify and replicate our analysis. Before doing so, we will ensure that all identifying information is removed from your data. This will eliminate the risk of identifying you from the data being shared.

[If applicable:] Indicate whether participants will be identified in the dissemination materials, whether they have a choice to be identified and provide an option at the end of the consent form for participants to consent to being identified.

[If applicable:] In order to allow other researchers to explore related research questions in the future, the data collected in this study will be stored indefinitely on (specify digital repository, e.g., [RShare](https://library.torontomu.ca/rshare/), [Open Science Framework](https://osf.io/)), a digital platform that allows researchers from across the world to use previously collected data for research purposes. Before doing so, we will ensure that all identifying information is removed from your data. This will eliminate the risk of identifying you from the data being shared. If you prefer that we do not include your information in the data that we share with other researchers for future research, you can let us know by indicating this in the checkboxes at the bottom of this document. You can still participate in the study if you prefer not to have your information used in future research.

[You can adjust the above text to reflect the data sharing plan and the repository you will use. Under Article 13.3, consent for future unspecified use of the data should be obtained separately from consent to participate in research. Separate consent is not required, however, when future use is restricted to verification of results. The information provided here should reflect the information provided in section 19 of your research ethics protocol.]

### How Your Identity Will Be Protected

To maintain confidentiality, your data will be stored on Toronto Metropolitan University’s secure Google Drive. (Specify each type of data collected and how long they will be stored (consent forms, identifiable data, de-identified data. Provide any relevant information regarding how each class of participant data – identified, de-identified – will be stored, where, and for how long. Indicate where and for how long audio/visual recordings will be stored for transcription and/or analytic purposes prior to their permanent deletion.

(Include a list identifying who will have access to either the identifiable or indirectly identifiable data. Generally, identifiable data should not be kept longer than necessary and should be destroyed once interviews are transcribed and verified. If you are not using the university recommended TMU secure Google Drive, please explain in detail the privacy and relevant security features of the storage method)*.*

*(Explain how and where study consent forms will be securely stored such that the identity of participants cannot be linked to study files and data by anyone external to the research team. Indicate whether their data may be accessed by the REB and other third-party regulatory agencies/personnel.)*

*(Indicate where (all locations) and how each type of study data will be securely stored (if stored abroad, speak to the US Freedom Act or other jurisdictional laws and agreements).)*

*(Include information about who will have access to study data during collection, use, analysis, dissemination, retention and/or disposal (e.g., study team, regulatory authorities, statistician, transcriber, funder/sponsor, REBs.)*)

If you do not consent to be audio-recorded, the interviewer will take notes and they will be stored at (provide any relevant information regarding how and where consent forms and any physical copies of data will be stored. Further, indicate when data will be destroyed or what will happen to it when the study is completed. If the researcher is a graduate student, indicate who will have custody and responsibility for the data once the student graduates)*.*

[The information provided here should match the information provided in section 18 of the ethics protocol.]

### Incentive for Participation

[Modify as needed:]For participating in this research study, you will receive (describe the type of incentive, e.g., gift card, cash, lottery, identify the type(s) of gift card(s), specify when the participant will receive the incentive, and method of payment)*.*

(Outline any payment schedules (for multiple visits/phases) and/or payment plans.)

(Indicate that participants are entitled to the full amount of the incentive, regardless of whether they complete all of the requirements of participation unless consistent with the payment schedule or required by third-party crowdsourcing platforms.)

[The TCPS2 neither recommends nor discourages the use of incentives. Where incentives are offered to participants, they should not be so large or attractive as to compromise the voluntariness of participation. Incentives are not considered benefits, and reimbursement for costs should be considered separately from incentives. The information here should match the information provided in section 20 of the ethics protocol.]

### Cost of Participation

(If there are no costs to participation, please remove this section including the heading.)

To mitigate any direct costs that you have incurred due to participation, such as transportation, child-care, etc., we will reimburse you for (describe what will be reimbursed, when participants will receive their reimbursement and how it will be provided to them)*.*

[According to Articles 3.1 and 3.2.j, reimbursements are not incentives. Reimbursements are for costs directly related to participation, e.g., transportation, parking or childcare costs. Reimbursements are not required under policy but strongly recommended to ensure equity in participation. The information provided here should match the information provided in section 20 of the ethics protocol.]

### Your Rights as a Research Participant

Your decision to participate is completely voluntary and will not result in the loss of access to services. You can withdraw your participation at any point during the research activity and you will not be waiving your legal rights by doing so. If you choose to stop participating, your data will not be included in the study. [Outline how participants can withdraw their participation and/or data from the study both during and after data collection.] Please contact the researcher by email if you want to withdraw your consent by (specify a date)*.*   
  
Your decision not to participate or to withdraw from the study will not influence your future relations with the researchers or with Toronto Metropolitan University (add community/industry partners as relevant)*.*

*[For research involving student populations, add that: “Participation is voluntary and you can decline to participate in any aspect of the research without any impact on your academic standing.”]*

*[For research involving patient populations, add that: “Participation is voluntary, and you can decline to participate in any aspect of the research without any penalty or impact on your medical or health care.”]*

*[Outline any limitations on the withdrawal of participants or their data (e.g., responses cannot be withdrawn once they press submit at the end of the survey).]*

### Questions

If you have any questions about this research, please feel free to contact the researchers. You can find their contact information at the beginning of this letter of information.

The ethics protocol for this study has been reviewed and approved by the Toronto Metropolitan University Research Ethics Board (REB 20YY-XXX)*.* If you have any questions about your rights or concerns about your treatment as a research participant in this study, please contact the Toronto Metropolitan University Research Ethics Board directly at [rebchair@torontomu.ca](mailto:rebchair@torontomu.ca) or call 416-979-5042. (If there are other relevant agencies/resources associated with the research to whom participants may raise questions, such as participant pool or registry, please also include their information here.)

### Confirmation of Agreement

* By (signing/checking the box below)*,* I confirm that I have read the information in this agreement and have had a chance to ask any questions that I have about the study. This also indicates that I agree to participate in the study and have been told that I can change my mind and withdraw my consent to participate at any time during the interview. Furthermore, I understand that by consenting to participate, I am not giving up any of my legal rights.

(Insert signature/date lines for paper copies or check box for online forms.)

* I consent to being (audio/video) recorded for this study. (Consider whether recording is a requirement for participation and alert participants to this.)

(Insert signature/date lines for paper copies or check box for online forms.)

* [If applicable:] I consent to the future use of my de-identified data by other researchers. The data will be deposited at (platform name)and be made accessible to researchers inside and outside of Canada. The use of my data in the future will be limited to (include any restrictions regarding the future use of their data, e.g., future use will be limited to studying the impact of COVID-19 on children)*.* I understand that I can participate in the research and receive the incentive regardless of whether I consent to the future use of my data.

(Insert signature/date lines for paper copies or check box for online forms.)

(Include any other relevant checkboxes/signature lines, such as consent to use participant quotes, identification in the publications etc.)

(For oral consent: Upon review of the terms of consent with the participant, the researcher administering the consent will include the name of the participant, the date consent was obtained as well as the name and signature of the person who obtained consent). . Ensure that all of the questions under “Confirmation of Agreement” are asked and the responses are accurately recorded by the research team.)

Please keep a copy of this consent form for your reference. You can save a copy to your device or print for your own records. If you wish to receive a copy via email, please let the research team know.

[According to Article 3.12, consent shall be contained either in a signed consent form or in documentation by the researcher of another appropriate means of consent. Signed consent is mandatory in some cases, e.g., Health Canada regulations, Civil Code of Quebec.]