**Instructions for Template Letter of Information &
Consent for Potential Participants**

Below is a template document for creating an informed consent letter of information and consent form.

Text in *italics* is meant as guidance. Delete all guidance as you create your own letter and consent. Modify as applicable to your research study. Modify letterhead to appropriate institution(s)/Department. When appropriate, keep headings as listed.

The letter and consent should be written in simple, clear language. Keep the reading level low: simple words, short sentences, small paragraphs. Keep the reading level to ~Gr. 8 (use Microsoft Word Spelling & Grammar Flesch Kincaid score to check this).

**The Information Letter should be separated from the Consent Form. Participants keep the Information Letter and the research team members keep the Consent Letter once signed.**

Be consistent with terms throughout the letter and consent.

Suggested terms are:

* participant: who is being invited to take part in the research study
* researcher/student researcher: who is in charge of the study and will perform research related duties
* research team: the group of individuals who is supporting the research and will perform research related duties

Important definitions are:

* confidential information: participant identities are known to the researchers but kept in confidence
* anonymous information: participant identities are never known to the researchers
* de-identified information: confidential information that is anonymized
* Survey, Questionnaire, Poll, Focus Group, Sharing Circles, Group Interviews etc.: remain consistent with terms throughout the letter and consent

Tri-Agency guidelines for research ethics and resources can be found here: <http://www.pre.ethics.gc.ca/eng/index/>

 ***Template Letter of Information & Consent for Potential Participants
(refer to TCPS2, Article 3.2 for greater detail)***

Dear Potential Participant:

*Insert information that the individual is being invited to participate in a research project and why.*

*Taking part in this study is voluntary. Before you decide whether or not you would like to take part in this study, please read this letter carefully to understand what is involved. After you have read the letter, please ask any questions you may have.*

 **PURPOSE**

*State the purpose of the research in plain language, the identity of the researcher(s), and the identity of the funder or sponsor (if applicable).*

**WHAT INFORMATION WILL BE COLLECTED?**

*Indicate what information will be collected from the participants and for what purpose.*

 **WHAT IS REQUESTED OF ME AS A PARTICIPANT?**

*Describe the nature of the participation, the expected duration, a description of the research procedures, and an explanation of the responsibilities of the participant.*

 **WHAT ARE MY RIGHTS AS A PARTICIPANT?**

*Provide assurance to the potential participants that:*

* *are under no obligation to participate, are free to withdraw at any time without prejudice to pre-existing entitlements*
* *your decision to participate will not affect your academic status/employment*
* *will be given, in a timely manner throughout the course of the research project, information that is relevant to their decision to continue or withdraw from participation*
* *will be given information on the participant right to request the withdrawal of data or human biological materials, include any limitation on the feasibility of that withdrawal*

 **WHAT ARE THE RISKS AND BENEFITS?**

*A plain language description of all reasonably foreseeable risks and potential benefits, both to the participants and in general that may arise from research participation. Information about any payments, including incentives for participants, and reimbursement for participation-related expenses.*

 **HOW WILL MY CONFIDENTIALITY BE MAINTAINED?**

*Insert the degree of confidentiality and/or anonymity that will be provided and how this will be maintained. Indicate who will have access to the information collected about the identity of the participants and a description of how confidentiality will be protected. For research involving anonymous surveys, it should be stated that the survey instrument will not labelled to identify who completed it. Information, if any, indicating who may have a duty to disclose information collected, and to whom such disclosures could be made.*

 **WHAT WILL MY DATA BE USED FOR:**

*Description of the anticipated uses of data and information about if there is intention to commercialize the research findings, or if not. Include who will have access to the data.*

 **WHERE WILL MY DATA BE STORED?**

*Indicate where the data will be stored. Data must be stored for a minimum of 5 years following completion of the project.*

 **HOW CAN I RECEIVE A COPY OF THE RESEARCH RESULTS?**

*Indicate the measures to be undertaken for dissemination of research results and whether participants will be identified directly or indirectly and how the participants can receive a copy of the research results.*

**WHAT IF I WANT TO WITHDRAW FROM THE STUDY?**

*Describe the process to withdraw from the study including who to contact and their contact information. Indicate if previously collected data can also be withdrawn and if there are any limitations to withdrawal (e.g. anonymous surveys cannot be withdrawn).*

 **RESEARCHER CONTACT INFORMATION:**

*Insert the contact information for the researcher(s).*

*NOTE: Insert information concerning the possibility of commercialization of research findings, and the presence of any real, potential or perceived conflicts of interest on the part of the researchers, their institutions, or the research sponsor(s). If a researcher is acting in a dual role, i.e., caregiver/teacher and researcher, this must be disclosed.*

**RESEARCH ETHICS BOARD REVIEW AND APPROVAL:**

This research study has been reviewed and approved by the Lakehead University Research Ethics Board.  If you have any questions related to the ethics of the research and would like to speak to someone outside of the research team, please contact Sue Wright at the Research Ethics Board at 807-343-8283 or research@lakeheadu.ca.

**Template Consent Form for Potential Participants**

**MY CONSENT:**

I agree to the following:

* I have read and understand the information contained in the Information Letter
* I agree to participate
* I understand the risks and benefits to the study
* That I am a volunteer and can withdraw from the study at any time (*if this is not possible, i.e. anonymous survey indicate here*), and may choose not to answer any question
* That the data will be securely stored at [provide location] for a minimum period of 5 years following completion of the research project
* I understand that the research findings will be made available to me upon request
* I will remain anonymous [*if otherwise indicate here*]
* All of my questions have been answered

By consenting to participate, I have not waived any rights to legal recourse in the event of research-related harm.

For anonymous surveys:  *I have read and agree to the above information and consent to proceed to the online survey [INSERT LINK]*

*OR*

*I have read and agree to the above information and by completing and submitting this survey, agree to participate.*

For consent outside of online research:

*Add space for name (printed), signature, and date*

*Add space for contact email or address for request of a copy of the research results*

*If applicable:
Add YES/NO question for allowance of identification of participant if warranted
Add YES/NO question for allowance of audio/video recording if applicable*