

SHERIDAN RESEARCH HUMAN PARTICIPANTS POLICY – APPENDIX D

Suggested Elements for Letters of Invitation and Research Consent Forms

The Sheridan College Institute of Technology and Advanced Learning

Remember that consent is a two-way process – obligations for the researcher as well as consent to participate. Your signature is as important as the participant's. Offer one copy to the participants and retain one for your records.

You are being invited to participate in a study entitled (*TITLE*) that is being conducted by (*INVESTIGATOR(S) NAME(S)*). (*INVESTIGATOR'S NAME*) is a (*RELATIONSHIP WITH SHERIDAN ... E.G. FACULTY MEMBER, STUDENT, ETC.*) in the (*DEPARTMENT NAME*) at Sheridan and you may contact (*HIM/HER/THEM*) if you have further questions by calling (*PHONE NUMBER*).

The purpose of this research project is (*INCLUDE THE INFORMATION FROM QUESTION #1 IN THE ETHICS APPLICATION HERE*).

Research of this type is important because (*INCLUDE THE INFORMATION FROM QUESTION #2 IN THE ETHICS APPLICATION HERE*).

The project is being funded by (*INCLUDE NAMES OF FUNDING AGENCIES, ETC.*)

You are being asked to participate in this study because (*INCLUDE THE INFORMATION FROM QUESTION #3 IN THE ETHICS APPLICATION HERE*).

If you agree to voluntarily participate in this research, your participation will include (*INSERT THE INFORMATION FROM QUESTIONS #4 & #5 IN THE ETHICS APPLICATION HERE*).

[You must include one of the following:]

There are no known or anticipated risks to you by participating in this research. OR
There are some potential risks to you by participating in this research and they include (*INSERT THE APPROPRIATE INFORMATION FROM QUESTION #9 IN THE ETHICS APPLICATION HERE*).

The potential benefits of your participation in this research include (*INSERT THE APPROPRIATE INFORMATION FROM QUESTION #9 IN THE ETHICS APPLICATION HERE*).

[If applicable include the following]:

As a way to compensate you for any inconvenience related to your participation, you will be given (*DESCRIBE ANY FORM OF PAYMENT, CREDIT, ETC.*). It is important for you to know that it is unethical to provide undue compensation or inducements to research participants.

In terms of protecting your anonymity (*INCLUDE THE APPROPRIATE INFORMATION FROM QUESTION #11 IN THE ETHICS APPLICATION HERE*).

Your participation in this research must be completely voluntary. If you decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will (*INCLUDE THE APPROPRIATE INFORMATION FROM QUESTION #12 IN THE ETHICS APPLICATION HERE*).

It is anticipated that the results of this study will be shared with others in the following ways (*INCLUDE THE INFORMATION FROM QUESTION #13 IN THE ETHICS APPLICATION HERE*).

In addition to being able to contact the researcher(s) at the above phone number(s), you may verify the ethical approval of this study, or raise any concerns you may have, by contacting either the Chair of the Sheridan Research Ethics Board, (*INSERT CHAIR'S NAME*) (905-845-9430 ext.: *INSERT EXTENSION NUMBER*) or (*INVESTIGATOR(S) NAME(S) and CONTACT INFORMATION*).

Principal Investigator (*INSERT CONTACT INFORMATION HERE*)

Researcher Signature

Date

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher(s).

Participant Signature*

Date

OR

Authorized Representative Signature**

Date

**Where written consent is culturally unacceptable, or where there are good reasons for not recording consent in writing, the procedures used to seek free and informed consent shall be documented.*

***Free and informed consent must be obtained from an authorized representative for someone who is not legally competent to consent to be a research participant.*

Subject to applicable legal requirements.