

INFORMED CONSENT FORM

Project: *[PROJECT NAME HERE]*

Please take the time to read this carefully.

Purpose of Research

[You must give your (first and last) name, course and major, and state that you are a student/faculty member of *St. Mary's University*. Provide a succinct overview of what you are doing and why you are doing it]

What Is Involved?

[Clearly describe what participation will involve. DO NOT use technical/clinical jargon. How much time will the research take?

What are the Risks?

[List all foreseeable risks, if any, and the measures used to minimize risk.]

What are the Benefits?

[List the benefits you anticipate will be achieved from this researcher, either to the participants, other groups or the field itself.]

Confidentiality

[What are the participants' rights? Will their data be anonymous or not? Will it be kept confidential or shared? How will you keep their data secure? What will you do with your data after you have finished with it?]

Your signature on this form indicates that you have understood the information regarding participation in this research and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

If you have further questions concerning this research, please contact myself at [CONTACT INFO].

If you have questions or issues concerning this project that are not related to the specifics of the research, you may also contact St. Mary's University's Research Ethics Board at REB@stmu.ca

Your first and last name (please print)

Your signature

Date

A copy of this consent form has been made available to you to keep for your records and reference.