**Sample Informed Consent Form**

**Date**:

**Study Name**:

**Researchers**: *[Include your name, office address, contact information]*

**Purpose of the Research:**

**What You Will Be Asked to Do in the Research**: *[Include a statement regarding the estimated time commitment for the participant].*

**Risks and Discomforts**: We do not foresee any risks or discomfort from your participation in the research. [*If there is a possibility of harm, it needs to be described]*

**Benefits of the Research and Benefits to You**:

**Voluntary Participation**: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer will not influence the *[treatment you may be receiving] [nature of the ongoing relationship you may have with the researchers or study staff]* nature of your relationship with York University either now, or in the future.

**Withdrawal from the Study**: You can stop participating in the study at any time, for any reason, if you so decide. If you decide to stop participating, you will still be eligible to receive the promised pay for agreeing to be in the project. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, York University, or any other group associated with this project. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

**Confidentiality**: [*Unless you choose otherwise*] [*Indicate if the interviewing or recording of the participant will be associated with identifying information]* All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. *[Indicate how the data will be collected, e.g. handwritten notes, video/audio tapes, digital device.]* Your data will be safely stored in a locked facility *[or indicate how the data will be securely stored]* and only research staff will have access to this information. *[Indicate how long the data will be stored and whether it will be destroyed after the study (and how) or will the data be archived (and if so, where).* Confidentiality will be provided to the fullest extent possible by law.

**Questions About the Research?** If you have questions about the research in general or about your role in the study, please feel free to contact Dr. XXXXXX either by telephone at (XXX) xxx-xxxx, extension xxxxx or by e-mail (xxxx@yorku.ca). This research has been reviewed and approved by the Human Participants Review Sub-Committee, York University’s Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

**Legal Rights and Signatures**:

I *(fill in your name here),* consent to participate in *(insert study name here*) conducted by *(insert investigator name here)*. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

**Signature Date**

Participant

**Signature Date**

Principal Investigator