

RESEARCH ETHICS BOARD

Consent Form

**Copy the following and produce your consent form including appropriate versions of the statements at the beginning and fill in the information left blank. You must begin with the statement about voluntary participation that assures participants that participation is voluntary and that they may withdraw at any time.**

**Items in RED are comments or instructions on the format and should be deleted from the final version.**

**Title of Research Project**: Click here to enter text.

**Principal Investigator**: Click here to enter text.

**Application #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [From the Romeo Portal]

**Voluntary participation:**

Your participation in this research project is completely voluntary. You have the right to withdraw from the research study at any time. Even if you do not want to join the study or if you withdraw from the study, you will still receive the same quality of instruction benefits and opportunities that other employees receive. Your decision also will not jeopardize your [for students] grades or studies [For employees say this.] employment or income at KPU. You should ask the principal investigator listed below any questions you may have about this research study. You may ask him/her questions in the future if you do not understand something that is being done. The investigators will share with you any new findings that may develop while you are participating in this study.

This consent form explains the research study you are being asked to join. Please review this form carefully and ask any questions about the study before you agree to join. You may also ask questions at any time after joining the study. See below for persons to contact.

**[See the application guidelines for help in filling in the following information.]**

**Purpose of Research Project**: Click here to enter text.

**Procedures**: Click here to enter text.

**Risks of harm/Discomforts/Inconvenience**: Click here to enter text.

**Benefits [including compensation if any]**: Click here to enter text.

**Alternatives to Participation for Similar Benefits**: Click here to enter text.

**Confidentiality**: Click here to enter text.

**Persons to Contact**:

If you want to talk to anyone about this research study because you think you have not been treated fairly or think you have been hurt by joining the study, or you have any other questions about the study, you should call the principal investigator, Click here to enter text. at Click here to enter text. or contact KPU Research Ethics Board at 604-599-3163, Email: reb@kpu.ca

Once you have read this document, or the document has been read and explained to you, and you have been given the chance to ask any questions, please sign or make your mark below if you agree to take part in the study.

Print Name of Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature or Mark of Subject or Legally Date

Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date

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Witness to Consent if Subject Unable to Date

Read or Write

*(Must be different than the person obtaining consent)*

**Signed copies of this consent form must be 1) retained on file by the principal investigator, 2) given to the subject.**