*This sample is for researchers to use as a guide in developing their study materials. Instructions to the researchers are written* *in* ***[square brackets in bold italics]*** *and should be deleted. Instructions that are* *in* ***[square brackets, bold italics, and are blue]*** *need to be replaced with details specific to the study and changed to* black, un-bolded, un-italicized*, and removed from square brackets before uploading the material to the research ethics application.****Please also delete this instructional paragraph.***

**WRITTEN CONSENT FORM**

Study Title: ***[insert study title]***

By providing your consent, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

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

I have read the information presented in the information letter about the study being conducted by ***[insert researcher names]*** from the Department of ***[insert department name]***at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses.

I am also aware that sections from the interview may be included in the thesis and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent at any time without penalty by advising the researcher. Data cannot be withdrawn after results have been published.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Board (REB ***[####] [Replace#### with the file number that is listed at the top of your ethics application]***). If you have questions for the Board, contact the Office of Research Ethics, toll-free at 1-833-643-2379 (Canada and USA), 1-519-888-4440, or reb@uwaterloo.ca.

For all other questions contact ***[insert researcher name and contact information].***

[ ] YES   [ ] NO   I agree, of my own free will, to participate in this study.

[ ] YES   [ ] NO   I agree to have my interview audio recorded.

[ ] YES   [ ] NO   I agree to the use of **[*insert relevant details, e.g., “anonymous quotations in any paper or publication that comes from this research.” or “quotations in any paper or publication that comes from this research with the understanding that a pseudonym will be used in place of my real name.” or “quotations directly attributed to me in any paper or publication that comes from this research.”]****.*

[ ] YES   [ ] NO   I would like to review and approve my quotations before they are used as study results.

***[If collecting photographs, digital images, or taking videos and wishing to use when presenting results]***

Sometimes a certain ***[image or photograph]*** and/or part of a videotape clearly show a particular feature or detail that would be helpful in teaching or when presenting the study results
at a scientific presentation or in a publication.

[ ] YES   [ ] NO   I agree to allow video and/or ***[digital images or photographs]*** in which I appear to be used in teaching, scientific presentations and/or publications with the understanding that I will not be identified by name ***[If the clip or image includes a participant’s face or other identifying features, indicate if this will be blurred/obscured]***. I am aware that I may withdraw this consent at any time without penalty.

***[If collecting videos for the purpose of study analysis]***

[ ] YES   [ ] NO   As a participant in this study, I agree to being videotaped for the purpose of tracking my movement as well as a means of verifying results from other data collected. I am aware that I may withdraw this consent at any time without penalty, at which point, the videotape will be erased.

***[If the dataset may be shared in other science databases participants should be asked if they agree to this.]***

[ ] YES [ ] NO Do you agree to share the information that you provide from this study in an online public repository/database as described in the information letter? The data will be de-identified and will not include names or other identifying information.

***[OR]***

[ ] YES [ ] NO I agree that my data can be shared in an online repository as described in the information letter.

***[For use in future studies, please see the Guide to Creating an Information Letter for information about what details to include]:***

[ ] YES [ ] NO I agree to allowing my study data to be used for future purposes as described in the information letter.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[Please check that all relevant study details are included, changes are made to the document to accurately describe the study and procedures, and delete the instructional text printed in bold italics before submitting to the Office of Research Ethics for review.]***