*This document is a sample for researchers to use as a guide in developing their study materials. Instructions to the researchers are denoted within square brackets in italics, and should be deleted/replaced before uploading the application to the research ethics application.*

**CONSENT FORM**

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

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I have read the information presented in the information letter about a study being conducted by ***[insert researcher names]*** of 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 excerpts 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.

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, at 1-519-888-4567 ext. 36005 or reb@uwaterloo.ca.

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

With full knowledge of all foregoing, 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 anonymous quotations in any thesis or publication that comes of this research.

[ ] YES [ ] NO

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

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

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

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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