



RESEARCH ETHICS BOARD

Fill-In-The-Blanks 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 square brackets are comments on the format, not elements to be included.

Title of Research Project:

Principal Investigator:

Application # [You will get this later but before you ask for consent.]

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 [For students say this.] the same quality of instruction [or for employees use this] 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 Kwantlen. 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:

Procedures:

Risks of harm/Discomforts/Inconvenience:

Benefits [including compensation if any]:

Alternatives to Participation for Similar Benefits:

Confidentiality

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, _____ at _____ or call the Kwantlen Office of Research and Scholarship at 604-599-2373 *[Research done in an international setting should use a local name and telephone number. Where this is not useful to participants, some other appropriate means of getting help and information must be given in detail.]*

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: _____

Signature or Mark of Subject or Legally Authorized Representative

Date

Signature of Person Obtaining Consent

Date

Witness to Consent if Subject Unable to Read or Write
(Must be different than the person obtaining consent)

Date

Signed copies of this consent form must be 1) retained on file by the principal investigator, 2) given to the subject and 3) placed on file in the Office of Research and Scholarship at Kwantlen University College.