**Participant Consent Form**

[\*Modify this template as best suits your study, deleting all text in square brackets.]

**[Note:**

* If your study will use **implied consent** (for example, in the case of a survey) include a statement at the end of the Letter of Information and/or first page of the survey indicating “You indicate your voluntary agreement to participate by responding to the [questionnaire/survey/etc.].” A separate consent form is not required.
* If your study will use **verbal consent**, this must be justified in the REB Approval Form. Include the consent form below modified as a verbal script that you will read to the participant to obtain their consent. Ensure you indicate how consent will be documented e.g. in audio-recording or by researcher checking box on behalf of participant.]

**[Title of Your Study]**

**[Principal Investigator(s) names and contact information]**

**[Date]**

I have read the Letter of Information and have had the nature of the study explained to me, and I agree to participate. All questions have been answered to my satisfaction.

[As applicable to your study, include and/or modify the following check boxes:]

I agree to be audio / video-recorded in this research.

**YES  NO**

I consent to the use of personal, identifiable quotes obtained during the study in the dissemination of this research.

**YES  NO**

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research.

**YES  NO**

I agree to have my name used in the dissemination of this research.

**YES  NO**

I agree to be contacted for future research studies.

**YES  NO**

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Name of Participant (please print)

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

Signature of Participant Date

My signature means that I have explained the study to the participant named above. I have answered all questions.

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Name of Researcher Obtaining Consent (please print)

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

Signature of Researcher Obtaining Consent Date