

INFORMATION AND CONSENT FORM FOR RESEARCH

Title of Research Project: _____

Type of Project: _____

Name of Researchers: (including qualifications) _____

Name of Department and Institution: Department of _____, Concordia University of Edmonton

Purpose of Research: _____

Description and Duration of Research: _____

Confidentiality: Confidentiality will be respected. No information that discloses your identity will be released or published without your specific consent to the disclosure.

Reimbursement: _____

Participation: Participation in research must be voluntary. If you choose to participate and later decide to change your mind, you can say no and stop the research at any time.

Publication: _____

Consent: I understand that _____ is gathering information for a proposed book or article on the topic of _____ for publication in academic journals, and that this is the purpose of this interview.

As a prospective research participant, I acknowledge that I: 1) have read and understood the relevant information pertaining to this research project; 2) understand that I may ask questions in the future; and 3) am freely consenting to participating in this research project by signing this research consent form. I also consent that my name and any information provided by me in the interview, including names and dates, may be used in the book or articles of _____.

I also acknowledge that if I have any questions and comments regarding participant rights and ethical conduct of research, then I can contact Dr. _____, Chair of the Research Ethics Board at Concordia University of Edmonton at (780) _____ for more information.

Dated at the City of Edmonton in the Province of Alberta, this _____ day of _____, 20 _____.

Name of Participant (Please Print)

Signature of Participant

Address: _____

Telephone (_____) _____

E-mail _____