# Consent Form Sample

# George Brown College, Office of Research & Innovation

Insert Letter head of College or organization that is initiating the research project

Consent Form

For further information contact:

Primary Investigator: [INSERT name]

[Tel: [INSERT](Tel:[INSERT) phone no.]

Email: [INSERT email]

Date: [INSERT date]

Project Title: [INSERT title]

I, Click or tap here to enter text. have read and understood the Information Letter provided about the research project [INSERT Project Title] which is being conducted by [INSERT name of Principal Researcher]. All questions have been answered to my satisfaction and;

I agree to voluntarily participate in this research. I give my consent freely to the items identified below. I understand that the project will be conducted in accordance with the Information Letter, a copy of which I have retained for my records. I understand I can withdraw from the project at any time, without penalty or consequence, and do not have to give any reason for withdrawing.

1. I voluntarily agree to the following: [List all relevant activities as outlined in the Information Letter]
2. Where a participant has the option of participating in one, or more than one, component of a project, the Consent Form should identify each component and have a Yes/No option for each, so it is clear to the participants that they have a choice and clear to the researchers what the participants are consenting to. For example:

I agree to (check yes to items that you agree to):

Yes No

take part in an on-line survey. \*

take part in a follow-up interview. \*

take part in a focus group. \*

take part in an observation. \*

be video recorded. \*

be audio recorded. \*

be photographed. \*

\* *Note – you should* *provide additional details related to activities that apply to your study and delete all others:*

[If applicable] I am a Legal Guardian/Substitute decision-maker providing consent on behalf of Click or tap here to enter text. (please print name of participant) Click or tap here to enter text.. I understand that the study participant has a right to withdraw from or refuse to participate in this study.

Participant, Legal Guardian or Substitute Decision-Maker: Click to Enter Name

Participant, Legal Guardian or Substitute Decision-Maker Signature: 

Date: Click to Select date

If you have questions regarding your rights as a participant in this study please contact: [researchethics@georgebrown.ca](mailto:researchethics@georgebrown.ca) and include the REB file No. [INSERT NO.].