

FACULTY OF SCIENCE

Consent Form

Questionnaire

You are being asked to voluntarily participate in a project entitled < name> that is being conducted by a student, < name > , as part of the requirements for < course name> at the University of Prince Edward Island. If you have any questions or concerns about the project, you may contact either the student at < phone > or call his/her graduate supervisor, < name > at < phone and/or email/fax >. You may also contact the Office of Research Development at the University of Prince Edward Island (566-0637) if you have any concerns about the study that the student and supervisor cannot help you with.

The purpose of this project is to < write out the purpose of the study in lay terms..avoid jargon>.

The resources for conducting this study are being provided by < provide the source of funding or other resources required to carry out the project >

The benefits of participating in this study include < describe them, if any >.
The costs/inconvenience of participating include <describe them, if any >.

If you agree to participate you will be asked to < provide details about the procedures and expectations of the participants. Include things like the time required, where the questionnaire will be completed, who will administer it, who else will be there (e.g. fellow employees), what kind of things they will be asked, how data will be recorded etc >.

Your participation in this project is entirely voluntary and you are free to refuse to participate, to withdraw from it at any time, or to refuse to answer certain questions, without any negative consequences. In the event that you withdraw from the study, your data will be < destroyed, used as is etc. >.

Your anonymity and confidentiality will be protected by < provide details about how this will be accomplished etc. Include things like how names or identifying information will be handled and protected, where and how the data will be stored and secured, who will have access to it >.

At the conclusion of the study, all of the raw data will be < include what will happen to it: destroyed, archived etc...Include information about when this will occur...e.g. after the conclusion of the study, after 5 years etc.. >.

The results of this study will be prepared for presentation at a special meeting with <name of supervisor> and < name the other participants, or types of participants if names are unknown who will attend you presentation>. In addition, < describe what else might happen to the report, e.g. a copy or abstract given to the participants, presented to the organization, published, put in the library etc. >.

Having understood the above information and been given an opportunity to have my questions answered, I agree to participate in this study:

Signature of Participant _____
Signature of Witness _____ (depending on the sensitivity of the subject matter,
this may not be necessary)
(Leave a duplicate copy of this consent with the participant)

Note: if a questionnaire will be collected completely anonymously and requires no identification for data tracking purposes, this consent can be provided in the form of an "Information Sheet". In such cases a phrase like "Completion and return of this questionnaire will be taken as evidence that you are consenting to participate according the information contained in the Information Sheet that came with the questionnaire may be used".