

Guideline: Information Sheet/Consent Form Examples

Information Sheet/Consent Form Examples: Please Note: Information Sheets and Consent Forms should be printed on official letterhead paper and pages should be numbered. The HREC recommend that applicants follow the format below for their information sheet and to include additional sections if necessary. Please note that the headings are for the participant to read and are therefore phrased accordingly.

Structure and Layout for an Information Sheet: Please use the headings below

1. Introductory statement: include four important elements:
 - Researcher's name and descriptor (Professor, Ms., Mr.)
 - University College Dublin
 - Name of researcher's School
 - The topic and title of the research. If the title of the research is not self-explanatory, it should be replaced with a simplified title.
2. What is this research about?
3. Why am I doing this research?
4. How will your data be used?
5. What will happen if you decide to take part in this research study?
6. How will I protect your privacy?
7. What are the benefits of taking part in this research study?
8. What are the benefits to the researcher if I take part in this study?
9. What are the risks of taking part in this research study?
10. Can I change my mind at any stage and withdraw from the study?
11. How will I find out what happens with this project?

Consent Forms: Please note that these are examples to help you to create your own forms, some of the details may not be applicable. Researchers are encouraged to create their own consent forms to reflect all of the activities in their study that they are asking the participant to consent to – each item **MUST** be clear and specific. A consent form could have some or all of the details in the samples below. They **MUST** include tick boxes for yes and no

Example: General Consent for Adult Participants (which can be shortened or expanded)

<i>I the participant/parent/guardian consent to the following:</i>	<i>Tick yes/no</i>
I have been given a copy of the Information Leaflet and this complete consent for my records	<input type="checkbox"/>
Do you feel you have been given sufficient information about the research to enable you to decide whether or not to participate in the research?	<input type="checkbox"/>
Have you had an opportunity to ask questions about the research?	<input type="checkbox"/>
Do you understand that your participation is voluntary, and that you are free to withdraw at any time, without giving a reason, and without penalty?	<input type="checkbox"/>
Are you willing to take part in the research?	<input type="checkbox"/>
Are you aware that the interviews and focus groups will be audio recorded?	<input type="checkbox"/>
Are you willing to be audio/video recorded?	<input type="checkbox"/>
Are you aware that the experiment, which consists of And therefore will be analysed further as part of the research study.	<input type="checkbox"/>
Will you allow the research team to use anonymized quotes in presentations and publications?	<input type="checkbox"/>
Will you allow the anonymized data to be archived, to enable future use and sharing with third parties?	<input type="checkbox"/>
Are you aware that the results of the research will also be used to	<input type="checkbox"/>

On the basis of what is stated above, I AGREE to participate in this research project:

NAME and SURNAME of the participant Phone

number:, Email..... (used for keeping in contact during the research project)

SIGNATURE

Example: Consent for Adult Participants for an Online Survey (this is a suggested text which can be revised or expanded to include specific details relating to your study)

For ethical reasons it is extremely important that you give your fully-informed consent to participate in this study.

If you would like to participate please complete this section.

DECLARATION

I have read the information leaflet (previous page) and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage or penalty. I confirm that I am over the age of 18. I agreed to take part in this research.

I agree that any data arising from this research can be published and that I will not be identified in any way.

If I have any questions about this research, I can contact the researcher at: name@ucd.ie

I consent and would like to continue with the survey

Yes (please continue to the next section and complete the survey)

No (your information will NOT be kept or analysed. Please close this window).

See below for sample consent form for Parents/Guardians and an assent form for children

Consent/Assent Form for Research Involving Children – Examples: If research involves children assent will be required from the participant in addition to consent from a parent or guardian. The information leaflet should be presented at a level that is readily understandable by the participant – in some instances the information leaflet is illustrated to suit younger children. The declaration should provide a space for the child’s name and signature and a space for that of the parent or guardian.

Example: Parental/Guardian Consent for their child to Participate

<i>I the participant/parent/guardian consent to the following:</i>	<i>Tick yes/no</i>
I/we have been given a copy of the Information Leaflet and this complete consent for my records	<input type="checkbox"/>
I/We have been given sufficient information from [name researcher] on the research project, especially on: a) the request for our child to be allowed to participate in the research project; b) the research goals; c) the specific procedures our child will be required to comply with; and d) the procedures that we as parents/guardian are asked to comply with.	<input type="checkbox"/>
I/We agree that our child has been given specific information the phrases and risk and benefits of the research project from a person that is prepared to work with children and minors, and in a way the child was able to understand.	<input type="checkbox"/>
I/We understand that we are free to withdraw our child at any time, without giving a reason, and without penalty for our child or us.	<input type="checkbox"/>
I/We are willing to take part in the research that involves our child?	<input type="checkbox"/>
I/We give our authorisation for our child to participate in this research project, which consists of audio/video recordings in school during the year.....	<input type="checkbox"/>
I/We give our authorisation for the use, analyses and dissemination of the collected material for scientific and didactic purposes, being aware that data protection will be guaranteed for our child.	<input type="checkbox"/>
Will you allow the research team to use anonymous quotes in presentations and publications?	<input type="checkbox"/>
Will you allow the anonymized data to be archived, to enable future use and sharing with third parties?	<input type="checkbox"/>
Are you aware that the results of the research will also be used to	<input type="checkbox"/>

Signed Declaration:

We, the undersigned (NAME and SURNAME of parent/guardian)
 AND (NAME and SURNAME of parent/guardian)
 Having the parental authority over (NAME OF THE PARTICIPANT CHILD)
 born the .../.../... in (City) (Country) and residing at (Home
 address) City Post code

AND attending class, in the following school:

.....

By our signature(s) below, we as adults having the parental authority/legal guardianship of the above named child, having read, understood and agreed with what is stated above, hereby authorise our child to participate, if our child assents to take part in the study described above and in the information sheet.

NAME and SURNAME of the parent/guardian of the child

SIGNATURE

NAME and SURNAME of the parent/guardian of the child

SIGNATURE..... DATE: .../.../...

Example: Child's Assent to Participate [should be written in age appropriate language]

I (NAME and SURNAME)

Attending the school (name of the school):.....

..... Class

Signed Declaration

That my parents agreed for me to participate in the research project

That my parents agreed for me to participate in the research project.

That I can be contacted during the different phases of the research project for a)..... And b) to collect my opinions.

Also, I understand that:

-the audio and video files in which I can be identified will not be use WITHOUT my knowledge and my parent's consent. The researcher will show me the material and that they will use for the analyses: if I do not want to allow the use of some parts, I can ask the researcher to delete them.

-the results of this project will be used toand the development of that project can be used to.....

-I am free to withdraw at any time, with out giving a reason.

In the case I feel uncomfortable participating in the project I can contact the researcher, [researcher's name], via email: [researcher's email] and always talk to my teachers and parents/guardian. Also, I can contact the school counsellor and talk to them.

My signature:.....

Date:/..../.....