

APPENDIX 10.4

Recommended Participant Letter of Invitation & Consent Form.

(Title of Research Study or Evaluation)

Dear Potential Participant:

THIS IS AN INVITATION TO PARTICIPATE IN A RESEARCH STUDY:

(Provide a brief paragraph that overviews the study)

RESEARCH OBJECTIVES:

This study includes the following objectives:

(Provide a detailed overview of each of the study's objectives)

WHAT'S INVOLVED?

(Detail what the participant will have to accomplish and how long they will be involved in the study)

POTENTIAL BENEFITS:

What benefits will the participant receive if they choose to participate (*example: honourarium, voice their opinion, the potential to generate change, governmental policy.*)

POTENTIAL RISK:

(Suggested Text if there are no anticipated risks to the participant)

There are no anticipated risks to participating in this study or to your future relationship with AETS. Your participation is voluntary, all data and information collected will not include your name or any identifiers. All collected data will be referred to as an aggregate only.

(Example: Focus Group suggested text)

There may be risks associated with participation as some individuals could experience emotional distress related to voicing their opinion in a group setting. To minimize these risks all participants will be reminded to exercise mutual respect and confidentiality in the focus group.

(Elder involvement suggested text)

In addition, Elder name here will be in attendance and information on counseling that is available will be provided if required. Should you feel embarrassed or experience other emotional discomfort you may leave the focus group at any time and one of the researchers will accompany you to make sure you are safe.

CONFIDENTIALITY:

(Provide a detailed description of how confidentiality of the participants is maintained.)

ALL DATA COLLECTION:

(Who has access to the consent forms and/or the collected data?)

(How will the data be recorded? Audio and/or video recorded? Written record, perhaps through a written survey?)

All data (*audio and/or video recordings and written materials*) will be stored in locked cabinets for a period of *how many* years. Only the research team, *name the team* will have access to the collected data. After that period, they will be destroyed. The data is only available for research as outlined in this information consent form.

IS MY PARTICIPATION VOLUNTARY?

Participation in this study is absolutely voluntary. If you choose to participate or not in this *be specific – survey, talking circle, etc.* there will be no effect on you or on your future relationship with AETS.

You may decline to answer any questions or participate in any component of the study. You may choose to withdraw from participating at any time up to the final withdrawal deadline of *final withdrawal date here* and all information and/or collected data related to you will be destroyed.

If you choose you may decline to answer any question(s). You may choose to withdraw from participating at any time up to the final approval deadline of *restate the withdrawal deadline here.*

PUBLICATION OF RESULTS:

Results of this study will be published in a final report that will be available through the *detail how can the participant see the final report and when will it be available?*

CONTACT INFORMATION:

If you have any questions at any point during the study or after the study or feel emotionally distressed please contact *name of the PI, Primary Investigator PIs affiliation/organization or if a student, the supervisor* by phone *area code & telephone number*, or by *e-mail here.*

You may also contact *AETS contact name*, by phone *area code & telephone number*, or by e-mail at *e-mail here.*

This study has been reviewed and received clearance through the AETS Program Oversight Committee.

I WOULD LIKE TO PARTICIPATE IN THIS STUDY

If you wish to participate in this study, simply complete the Contact Information section on page 4 and pass it on to a member of the research team. Contact a member of the research team privately to answer any additional questions you may have and provide detailed information about the study.

Please retain this form for your personal records.

Chii miigwech/thank you for your assistance in this project.

NAME OF STUDY PARTICIPANT CONSENT:

I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future.

NAME: _____ (please print)

SIGNATURE: _____

DATE: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

EMAIL: _____

ADDRESS: _____ POSTAL CODE: _____