

Research Invitation & Consent Agreement (for COURSE-BASED Research) Template

INSTRUCTIONS – Use this template to produce research invitation-consent forms that promote ethical course-based research. All aspects of this form can be edited to reflect the research activities expected to take place in the course(s). Instructors should replace the **RED** text with all known details about the course projects. Instruct students to replace the **BLUE** text with details about their projects (or edit them in advance if they are pre-determined). After editing everything that can be edited prior to use by students, ensure that all the formatting is tidy and consistent, and submit it with the course research ethics application to the Emily Carr University Research Ethics Board (ECU-REB) for approval. The modified consent forms must be approved by the ECU-REB prior to use. Student modifications can be approved by the instructor of an ECU-REB approved course(s).

For more information on modifying or designing research consent processes, contact – ethics@ecuad.ca.

Research Invitation & Consent Agreement

Research Project Title: **[Insert Title]**

Course Instructor (Principal Investigator):

[Insert name and status/role e.g. professor, instructor, etc.]

Course **[Insert course mnemonic, section numbers, and names]**

Faculty of **[Insert Dept Name]**

Emily Carr University of Art and Design

Student Researcher**s**:

[Insert the names of students who are leading the research activities with participants.]

[Provide the contact information that is needed for the project. Do not use students' personal phone numbers or non-ECU email addresses.]

INVITATION

You are invited to participate in a student research study that is part of a course at Emily Carr University of Art + Design.

For this study we are looking for participants who **[describe the inclusion/exclusion criteria]**.

If this applies to you, you are invited to participate.

WHAT IS THE STUDY ABOUT?

The purpose of this research study is [describe the general purpose (e.g. aims; objectives; expected outcomes) of the research in language that is understandable to the participants.]

WHAT'S INVOLVED?

As a participant, you will be asked to [provide a clear description of what is expected of the participants during the research activities.]

It is expected that these activities will take approximately [insert the expected duration.]

Participation will take place at [describe the locations of the research activities, and dates, if already scheduled.]

POTENTIAL BENEFITS AND RISKS

Benefits of participation in this research include learning about [list the topic] and contributing to the student researchers' education about research. [Also list direct benefits like parking passes or refreshments.] [Note: the potential use of incentives and the training and supervision of students in the use of incentives must be included in the approved research ethics application for this course.]

This research is not expected to present any risk of harm that is beyond everyday risks. [Note: if the research activities are expected to present more than minimal risk encountered in the participants' everyday activities the project will need additional review from the ECU-REB. Modify the wording to accurately reflect the anticipated risk to participants.]

VOLUNTARY PARTICIPATION & WITHDRAWAL

Participation in this study is voluntary. You can decline to answer any questions or participate in research activities at any time, without giving a reason. To withdraw, let any of the researchers (students or supervisors) listed on this form know of your wish to end participation. If you want to also remove contributions you already made to the research (i.e. "data"), let the researchers know and they will make every effort to remove your data from the project.

DATA MANAGEMENT PLAN

The information collected in this study includes: [List all known formats of data that are expected to be collected in the course research activities. For example, "Your name, phone number and email for the purposes of contacting you." "The research is expected to collect your responses to interview questions which

may include personal details.” “Audio/video recording of the interview.”, etc. If the data formats depend on the student project, revise this to a blue list with the options that are available to the students.]

The identifiable information that you provide to this study is considered confidential and will be handled securely using Emily Carr University secure storage (Microsoft OneDrive). The data collected in this study is only accessible to the researchers named on this form. [Describe details on how long it will be retained before destruction.]

[Optional] The results of this research may include direct quotations, photographs, or recordings. Indicate if you would like to be identified in research results, such as in student presentations, the Emily Carr University Graduate Exhibition, or other publications:

- ☐ Yes, I would like my name to be included next to quotations, photographs, or recordings of me.
Please identify me as _____ (fill in with your first name, full name, or pseudonym).
- ☐ No, I do not want to be named next to quotations, photographs, or recordings of me.
- ☐ No, do not include quotations, photographs, or recordings of me in the research results.

PUBLICATIONS AND RESULTS

You will be able to access the results of the study by [include information about how to access the results, such as an invitation to the Grad Show, or other ways participants could access the research outcomes.]

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this research, please contact any of the researchers who are listed at the top of this form.

If you have any concerns about ethical issues in the research, please contact the Coordinator, Emily Carr University Ethics Board Coordinator: ethics@ecuad.ca or (604) 844-3800 ext 2848.

CONSENT AGREEMENT

I agree to participate in the research described in this form. I have made this decision based on the information I have read here and from the research team. I understand that I may ask for more information at any time.

I understand that my participation is voluntary, and that I may withdraw this consent at any time by contacting any of the people listed on this form.

By consenting to this research, I have not waived any legal recourse in the event of research-related harm.

Name: _____

Signature: _____ Date: _____

Thank you for your assistance with this project.

OPTION - CONSENT FOR SURVEYS

Replace the "Consent Agreement" section with the following,

By continuing with the survey, you are indicating your consent to this research project. You are welcome to end your participation in the survey at any time by closing the browser or form.

[Button to click -] Begin the survey.

[For all consent forms, ensure that the participant can export and/or retain a digital or hard copy of the signed consent form.]