**In Person Interview – Letter of Information and Consent Form Sample**

*This template guide is for researchers to use as they develop their own projects information and consent letter. Please read through and make changes where appropriate to ensure the information is applicable to your project. Ensure that the language is easy to understand and accessible to the reader. All instructions and suggestions are provided in bold blue italics, and corresponding text has been suggested.* ***Prior to submission, please ensure all the bold italicized blue text, square brackets, and any information not relevant to your project are deleted.******Please also delete this instructional paragraph and title above.***

*Disclaimer: This resource is intended for use by applicants to CREO. It is provided for informational purposes and is not professional advice and must be tailored to your organization’s research needs AND approved through the official CREO review process before it is recognized by CREO. Without its inclusion in an official CREO review process, the contents of the resource are not guaranteed to be correct or complete. We are not responsible for actions taken or not taken based on the use of this resource otherwise.*

[Date]

**Project Title:**

You are invited to participate in an in person interview conducted by [Dr. Principal Investigator], [students, if applicable] and [all Co-investigators]. The study is being led by [Affiliated Organization(s), Institution(s), and/or Formal Body].

The purpose of this study is [statement of study purpose]. We hope that the findings from this study will [statement about how results will be used].

This letter explains what the study is about, possible risks and benefits, and your rights as a participant. You may print/save a copy for your records. Your participation in this study is entirely voluntary. If you do not understand something in the letter, please ask one of the researchers before consenting to participate.

* ***State the researcher(s)’s relationship to any organizations, institutions, bodies, etc. that are associated with your project.***
* ***List the names and affiliations of all the project’s researchers.***
* ***If the project is being done for a client or sponsor, include their name(s).***

**Description and Selection of Participants**

In person interviews will include up to/approximately [expected number of participants] participants. To participate in the study, you must be: [list all inclusion/eligibility criteria].

* ***Insert a brief and general description of the participants.***
* ***For some projects it may be appropriate to tell participants why and how they were selected.***

**How to Participate**

Participation in the study will consist of a [time in minutes/hours] [in person interview/series of in person interviews] in which you will be asked to [statement of interview purpose]. In this interview, you will be asked general questions about [topic]. The interview will be conducted in [insert language(s)]. [The interview will be (audio and/or visually) recorded using (indicate method of recording if applicable)]. You can confirm your participation by [indicate how].

* ***Explain what the participants will be asked to do and briefly mention the interview topics that will be covered.***
* ***Describe the expected duration of participating including the time required for each aspect of participation, and in projects where participation extends through time, the participants total time commitment.***
* ***Indicate whether the in-person interviews will be recorded/transcribed and how they can confirm their participation.***

**Voluntary Participation and Withdrawal**

Your participation in this study is completely voluntary. You can decline to answer any question or participate in any activity at any time with no consequences. [Declining to participate in the research does not impact your access to (services from the agency doing the research if applicable) and/or (employment in the agency if applicable)]. [You can also keep the incentive you received to participate (add if there is an incentive)]. You can withdraw your data from the project by [describe procedure].

In the event you withdraw from the study all data collected will be destroyed wherever possible [if applicable].

* ***Describe the procedure for orderly termination of participation and any consequences.***
* ***Explain in detail what will happen to data if a participant withdraws.***

**Confidentiality**

The research team will keep your identity confidential which means that no personally identifying information will be attached to any answers or opinions included in reports or publications (for example, your name or email). If you consent to your comments being quoted in reports, presentations, and/or publications, we will keep your identity and all identifying information anonymous unless you would like to be credited by name. The [research team] will know the identity of members but will not share participation status outside the research team. Research team members will remind participants of any activity that will be recorded and ask permission to record the activity. All transcripts from any recordings will remove identifiable information and your comments will be anonymized (not attached to your name).

All data will be stored on secure servers and will be password protected. Your information will be stored by [ ]. Only approved members of the research team will have access to the data collected in this study. We will store the data for [length of time]. Once the project is complete or the information has been entered into a secure database the raw data will be [ ].

* ***Describe how confidentiality and/or anonymity will be maintained.***
	+ ***Confidentiality:*** *protect the privacy of participants by ensuring that any personal information collected during a study is not disclosed to unauthorized individuals and that participant identities remain hidden when presenting research findings.*
	+ ***Anonymity:*** *either the project does not collect identifying information of individual persons (e.g., name, address, email address, etc.), or the project cannot link individual responses with participants’ identities.*
* ***In some situations, such as oral history, you will need to explain when and how confidentiality or anonymity will be broken. Indicate if only aggregate data will be reported, or if individual's data will be reported.***
* ***If applicable, indicate that quotations may be used and whether or not any quotations could allow them to be identified. You might consider in some cases informing participants that they will be able to approve any quotations before they are used in write-ups or presentations, and that they may participate without being quoted.***
* ***If participants might be identifiable in reports because individual responses will be described, a statement to this effect must be included in the informed consent form/information letter.***

**Remuneration for Participation**

Participants will receive [type of incentive if applicable] for participation in the study.

* ***Indicate how and when they will receive that incentive (e.g., compensation of cash, donation, toys, books, gift cards).***
* ***Indicate the value of the compensation where appropriate.***
* ***If compensation is given to parties other than the participants, this needs to be indicated.***
* ***If the incentive is a draw or lottery, provide the details of the draw in the informed consent form/information letter: for example, who is eligible, the odds of winning, the method for determining the winner(s), the prize(s) to be won, when and how the winner(s) will be notified.***

**Risks of Participation**

The [risks/discomforts/costs] to you of participating in this study include [ ]. We will attempt to minimize [this/these] by [ ]. The [risks/discomforts/costs] of participating in this study for the community include [ ]. We will attempt to minimize [this/these] by [ ].

* ***Explain all foreseeable individual and community risks, discomforts and/or costs. Indicate the safeguards in place to mitigate the risks/discomforts/costs.***

**Benefits of Participation**

Participation in the study may benefit you in the following way(s) [ ]. The study may benefit the community in the following way(s) [ ].

**Findings and Feedback**

The research results will be [written up, presented etc.]. Upon completion of the project a report will be sent to [ ]. Participants will be informed of the results of the project [ ].

* ***If the project is being conducted on behalf of an organization, institution, agency, company, client, etc. indicate who will receive a report upon completion of your project.***
* ***Tell participants how and when they will be informed of the results of your project. This could be replaced by a question asking the participants whether they would like a written or oral summary of the results at the conclusion of your project.***
* ***If applicable, indicate how and when the appropriate community will be informed of the results of your project.***

**Questions and Approval**
If you have questions about the research, its procedures, your rights as a participant, and/or your role in this study we invite you to contact [name] [email] or [name] [email].

**CONSENT FORM**

**Consent to Participate**

I have read the information presented in this information letter and agree to participate in an in-person interview.

I have been given a copy of this information and have had the opportunity to ask questions and receive satisfactory answers.

I understand that participation in the study is voluntary and that I can withdraw my consent, and any limitations to this withdrawal, by informing the researcher.

I \_\_\_ do/ \_\_\_ do not wish to receive a summary of the results of the study.

If you DO wish to receive a summary, please provide us with your contact information (email or mail):

* ***Provide participants with information on where they can learn about the outcome of the study.***

You are entitled to see the results of the study. You can do this by [telling us where you want us to send them/looking on the website/etc].

Please provide your contact information (email and phone number) in case we want to follow up with you to check on any details before the results are finalized.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***In projects where signed consent is not being used, indicate how consent will be obtained and documented.***
* ***In some cases, the participant's parent(s)/guardian(s)/legal representative(s) will also sign the informed consent form. Provide two copies of the informed consent form, one to be retained by the participant and one to be signed by the participant and, if applicable, the participant's parent(s)/guardian(s)/legal representative(s) and returned to you.***
* ***In research involving participants who are not competent to give free and informed consent on their own behalf, free and informed consent must be sought from their authorized representative(s). In such situations where third-party consent has been obtained, but participants understand the nature and consequence of the research, their assent must be obtained; a participant's dissent will preclude their participation.***