**[Edit this form to accurately describe what you are doing in your study and to delete all notes in square brackets]**

Title of the Study: [fill in title]

You are being asked to participate in this study that is being conducted by [fill in student researcher(s)’ names] as part of a [choose: Women’s and Gender Studies or Work & Employment Issues] course on [fill in name of course or topic of course]. This course is being taught by Prof. [fill in professor’s name] who is overseeing this undergraduate student research project. If you have any questions or concerns about the study, you may contact Prof. [fill in professor’s name] by calling (519) 253-3000 ext. [fill in extension number], by emailing [fill in email address] or through the Women’s and Gender Studies office at (519) 253-3000 ext. 2315 or wgst@uwindsor.ca. If you have any questions regarding your rights as a research participant, contact: Dr. Charlene Senn, Chair, Women's and Gender Studies Research Ethics Committee, 519-253-3000 ext. 2255 csenn@uwindsor.ca or Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4 or (519) 253-3000 ext. 3948 or ethics@uwindsor.ca.

The purpose of this study is to: [fill in the nutshell purpose of the study here — you do not have to be extremely detailed, just provide enough information for a person to judge whether or not they are interested in participating].

If you agree to participate in the study, you will be asked to [provide participants with what they will be asked to do, e.g., asked to complete a survey asking your views and opinions on X, or to be interviewed about your views and experiences of X, etc.]. The task will take approximately [fill in number] minutes. You will not receive any form of payment for participating in this study. You may withdraw from the study at any time, and you may choose not to answer any of the questions without penalty or consequences to you. You may also withdraw your consent to participate at any time without penalty.

The data gathered in this research will be used by the student to [fill in purpose] for this course. It may also be presented to the class or to other public audiences. Your signed consent form will be kept separate from the data collected to ensure that your responses cannot be identified. You will not be identified in any way in the write up (paper) for the class, in class discussion, or other presentations or publications resulting from this work. There are only minimal risks associated with this study, similar to the risks encountered in everyday life. There may be no specific benefit to you apart from assisting a student collect data for research purposes. The benefit to the student will include developing research skills and learning the process for conducting research in an ethical way. There may also be a general benefit to [choose: women or community members] from this research project. [this section may be edited to reflect the benefits unique to your study]

You can obtain a brief summary of the results of this study from this website [**https://scholar.uwindsor.ca/research-result-summaries/**](https://scholar.uwindsor.ca/research-result-summaries/)**.** It will be available by [insert date at the end of the semester when it will be posted]. [OR alternately, if true - You may request a copy of the summary of the paper by calling or emailing the researchers at [fill in contact information]].

[if audio or video recording will be conducted, add this section]

I consent to the audio(video)-recording of my interview. I understand this is voluntary and that I am free to withdraw at any time by requesting that the recording be stopped. I also understand that my name will not be revealed to anyone and that recording will be kept confidential. The student interviewer will keep the recording in a safe and secure location and will provide the recording of the interview to the course instructor with the paper when it is written. Once the course project has been marked, all digital files and/or physical tapes will be destroyed by the student and course instructor. I understand that confidentiality will be respected and that the recording will be for this one use only.

Your signature indicates that you have read and understood this form and its contents and that you agree to participate in this study. A signed copy of this form will be given to you for your information.

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| Print your name |  | Print name of the student researcher |
|  |  |  |
| Your signature |  | Signature of the student researcher |
|  |  |  |
| Date |  | Date |