



[*Modify this template as best suits your study, deleting all text in square brackets.]

Letter of Information

[Title of Your Study]

[Principal Investigator(s) names and contact information]

[Date]

You are invited to participate in a study being conducted by [insert name of Principal Investigator(s)]. This study [provide a very brief, one sentence statement that describes what your research study is about]. You are being invited to participate because you [explain why the individual is being approached].

About the Study:

The purpose of this study is [indicate why the study is being done and your objectives]. If you agree to participate, you will be asked to [describe exactly what tasks you are asking the participant to do in your study, in the order in which they will perform the tasks. If applicable, indicate briefly the nature of questions that will be asked if this might impact willingness to participate. Use language that will be easily understood by someone with no background in your area of research. Do not use unnecessary jargon]. This study will take about [insert length of time]. The study will take place [insert location].

[If applicable, include information on audio/video recording being used. If it is being used the participant must know whether they can still participate if they do not agree to be recorded. If there is an option, a check box must be added to the Consent Form].

[In this section, also describe any factors that may make a participant ineligible to participate, if applicable. E.g., if this is a visual task and participation requires corrected normal vision, or if this is a task that requires fluency in English, you must note these conditions in this section, and inform the participant of their ineligibility].



Important Information Related to Your Participation:

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you decide to withdraw from the study [insert information on the participant's right to request the withdrawal of their data and the process for doing so, including any limitations on the feasibility of that withdrawal].

You do not waive any legal right by signing the attached consent form. Your participation in this study does not require you in any way to participate in any future research at Huron University College or at Western University. [If applicable to your study, include a statement that if the participant agrees they may be contacted for future research studies. If included, ensure there is a check box on the Consent Form to accompany this.]

Confidentiality:

[Provide a detailed statement on how confidentiality will be maintained in this study.]

- Describe how you will ensure protection of the participant's privacy, your method of storing research data, where the data will be stored, how long it will be stored, who will have access to the information collected for the study, and how the data will eventually be destroyed. If the data will be professionally archived provide details of access. If aggregated data will be made available to others indicate this, and explain how confidentiality will be maintained.
- For studies that include focus groups include a statement indicating the limits of the researcher's ability to guarantee confidentiality in this case.
- Include a statement explaining how you will protect participant confidentiality in the dissemination of your research findings. If you wish to use direct quotations or identifying information in the publication or other presentation of research findings this must be made clear, and there must be a check box on the Consent Form to accompany this.



Risks, Costs and Benefits to You:

[Indicate if there are any predictable risks to participation in this study. If there is a risk of emotional upset or distress, indicate a list of local resources for support. If there are no known risks, indicate that here.]

[If there are any financial costs to participating in this study you must note them. If you are providing reimbursement (e.g. parking) offer details. If you are offering monetary rewards, you must state how much and how the money can be earned. If there is no compensation, include a statement indicating this.]

[Outline possible benefits to the participants. You may indicate there are no direct benefits to the participant but there should always be indirect or societal benefits].

Contact Information:

If you have any questions about this research study or would like to learn more, please contact [Principal Investigator: Name, Contact Information. Students should list their faculty advisor in addition to their own name.]

If you have any questions about your rights as a research participant or the conduct of this study you may contact the Chair of the Research Ethics Board at Huron University College by emailing huronreb@uwo.ca.

Thank you for your time and interest in this research project.

This letter is yours to keep for future reference.