

GREB Consent Template – Interview, risk, compensation

Study Title: The Pedagogical Value of Kelly Clarkson Music

Name of Principal Investigator: Jane Smith, Faculty of Education, Queen's University

Name of Co-Principal Investigator(s):

Name of Co-Investigators(s): As applicable

Name of Supervisor: Required for students, as applicable

I am inviting second-year master's students in Education to take part in a research study. The purpose of this study is to see how Kelly Clarkson's music influences student's lives. If you agree to take part, I will interview you for one hour at a public location you choose. The interview will be audio-recorded and later transcribed. There is a risk that some of the questions may upset you./OR state that there are no known risks. If you feel upset after the interview, please call the Telephone Aid Line Kingston (TALK) at 613-544-1771. There are no direct benefits to you as a participant./OR include any benefits to participants. Study results will help inform how Kelly Clarkson's music could be used in future Master's Education classes. You will receive a \$5 gift card to Tim Horton's for participating./OR you will not be paid for taking part in this study OR include information about reimbursement for expenses. **Communicate any plans to commercialize research findings or disclose any Conflicts of Interest as applicable.**

Participation is voluntary. You do not have to answer any questions you do not want to. You can stop your participation at any time by telling the researcher(s)/OR closing your browser/OR by another mechanism of withdrawal without impact on your academic standing./OR without penalty/impact on your care/employment. You may withdraw from the study up until **insert date** by contacting me at Jan smith@queensu.ca. You may request to have your data withdrawn from the study up until **insert date** by contacting me at Jan smith@queensu.ca./OR your data cannot be withdrawn after the submission of the anonymous survey/destruction of participant ID coding file/publication./OR for Focus Groups, communicate that the withdrawal of your data may not be possible if your responses compromise information provided from other participants in the Focus Group./OR include any other limitations on the withdrawal of data.

Your confidentiality will be protected to the extent permitted by applicable laws. I will do this by replacing your name with a pseudonym in all publications and a study ID number in all study records. /For Focus Groups/Sharing Circles/Group Interviews include a statement of the potential harm that could exist if confidentiality is violated by another participant. Explain that: 1) the researchers are capable of assuring their own confidentiality of information, but 2) cannot guarantee that privacy will be maintained by the other participants; AND Communicate that the withdrawal of your data may not be possible if your responses compromise information provided from other participants in the group. /OR explain measures being used to protect participant's identifies OR communicate participants will be identified./OR if you are conducting Focus Groups include a statement about potential harm that could exist if confidentiality is violated (i.e. We cannot guarantee that privacy will be maintained by the other participants.) The study data will be stored on an encrypted hard drive on Queen's University servers. The code file that links real names with pseudonyms and study ID numbers will be stored securely and separately from the data on an encrypted USB key. Access to study data is limited to those researchers on the study team, as well as the Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the researcher(s) have or are meeting their ethical obligations in conducting this research. **GREB is bound by confidentiality and will not disclose any personal information.** Note: If you are collecting anonymous or publicly available information do not include the last sentence. The statement can be adjusted on a case-by-case basis; however, if you deviate from this wording, please explain. /AND/OR communicate whom else may require access (e.g., transcriber, statistician, regulatory authorities, other REBs). The de-identified data set will be made freely

GREB Consent Template – Interview, risk, compensation

accessible in the Queen's University's Institutional Repository after a 5 year embargo period. The code file identifying your pseudonym and study ID number will be permanently erased from the encrypted USB key five years after study closure.

I plan to publish the results of this study in academic journals and present them at conferences. I **will/will not** include any quotes or personally identifying information from the interviews when presenting my findings. I will never include any real names with quotes. I will do my best to make sure quotes do not identify participants. During the interview, please let me know if you say anything you do not want me to quote./OR communicate participant will be identified during the research/dissemination.

If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or email chair.GREB@queensu.ca. Call 1-613-533-2988 if outside North America. If non-English speaking participants wish to contact the Chair for ethics concerns, translation assistance may be necessary, as the REB Chair communicates in English only.

If you have any questions about the research, please contact me at Janesmith@queensu.ca or 613-533-6000 ext. 12345. (If you are a Student Researcher, please provide your Supervisor's contact information. **DO NOT INCLUDE STUDENT'S PERSONAL PHONE NUMBERS OR ADDRESSES**).

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study. Keep one copy of the Letter of Information for your records and return one copy to the Researcher, **Dr. Jane Smith**.

You have not waived any legal rights by consenting to participate in this study.

By signing below, I am verifying that: I have read the Letter of Information and all of my questions have been answered.

- Yes, you have my permission to use quotes/audio record/video record - Edit this information as applicable
- No, you do not have my permission to use quotes/audio record/video record - Edit this information as applicable

Signature of Participant
/Guardian/
Substitute Decision-Maker

PRINTED NAME

Date

NOTE: Include section for guardian/SDM as applicable

Signature of Person Conducting
the Consent Discussion

PRINTED NAME & ROLE

Date